2022-2025

Workforce Plan

NHS Highland

Contents

Introduction

This 3 Year Workforce Plan is intended to draw together and monitor key actions to assist NHS Highland in ensuring we have the right people with the right skills in place, at the right time, to deliver our future services. It is aligned to our 2022 – 2027 NHS Highland Together We Care Strategy, as well as our associated 2022-2023 Annual Delivery Plan. We examine available data sets alongside interviews with expert stakeholders to consider recent workforce trends and how they align with these broader policy and strategy ambitions.

This workforce plan reflects the recently published National Workforce Strategy for Health and Social Care and will contribute, where possible, to the implementation of many of the actions included in that strategy. Action plans within mirror the 5 Pillars of the National Workforce Strategy and aim to define clear priorities to ensure we have the Workforce to deliver our services. The plan will be refreshed on an annual basis as actions are fulfilled and new actions are developed.

Like all Boards across Scotland, NHS Highland continues to face unprecedented workforce shortages, which are exacerbated by the complex geography of the region, competition for scarce resources from other sectors and more recently, significant challenges with affordable and available housing in all parts of the Board. Whilst we are trying locally to address this issue in partnership with other agencies, it does require national intervention, and has been escalated to Scottish Government for further support on longer term provision.

Effective workforce planning across the partnership is vital to mitigate this and many other significant risks and this workforce plan builds on all of the existing work giving us a clear direction for the next 3 years.

Consultation and Governance

This plan has been developed through collaboration and consultation with clinical and professional leads, our people professionals, service leads and managers and discussions with the independent social care sector through Scottish Care representatives in both Argyll and Bute and the Highland Health and Social Care Partnership. In additional information has been extracted from local workforce plans that have been drafted and shared.

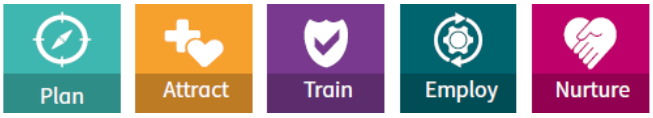
Key drivers and challenges have been summarised across Job Families, along with risks identified regarding the stability of the existing workforce and any workforce changes expected in the future have informed the actions required.

The outline plan has been reviewed by NHS Highlands Workforce Board, the Area Partnership Forum, Staff Governance Committee and our senior management and executive directors and will be approved by NHS Highland Staff Governance Committee and NHS Highland Board once finalised.

We will be moving into a revised governance and reporting approach in October 2022, with a People & Culture Programme Board aligned to the People elements of our Together We Care strategy and Annual Delivery Plan. This is being put in place to replace separate Culture Oversight and Workforce Boards and will track and oversee progress against our plans and manage and mitigate risks and issues that arise. The governance of the actions will be monitored quarterly to support the progress against the plan and direct/authorise any corrective action where milestones are not being achieved. In addition, this will bring continued oversight to the planning of the workforce requirements, including Health and Care Staffing Act responsibilities. Membership of the Programme Board will include partnership, alongside workforce planning and our other people functions, as well as operational management and professional leadership.

Background and Context

NHS Boards and Health and Social Care Partnerships are required to publish a 3 year workforce plan by 31 October 2022 which aligns with both the NHS Scotland Recovery Plan and the National Workforce Strategy for Health and Social Care. Whilst the publication of a workforce plan is a requirement, it is vital for the delivery of the "Together We Care, with you, for you" 2022 – 2027 Strategy and the Argyll and Bute HSCPs Joint Strategic Plan 2022-2025 that a strategic workforce plan is developed that supports the attraction, recruitment, development, and retention of the workforce required to deliver care to our population.



The Scottish Government published the National Workforce Strategy for Health and Social Care on 31 March that sets out a national framework to achieve the vision for a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do. The strategy outlines an overarching framework for activity at national level that supports boards and HSCPs to plan and deliver the workforce required for the future. It sets out the changing demands on the health and social care workforce and uses the 5 pillars of the workforce journey as a framework for action.

Implementation of the National Workforce Strategy will take place at both national and local levels, with local implementation being driven through the workforce plans developed by HSCPs and NHS Boards. The action plan within this workforce plan, for example, will be laid out using the 5 pillars as a framework for action. Where input to national actions is required, or relevant, they will be included in the actions within this plan.

NHS Highland's Workforce Methodology and Planning Cycle

NHS Highland is committed to delivering workforce planning education to support an integrated workforce planning culture. Last year the Workforce Planning Team launched a Workforce Planning e-learning module eLearning Module (available on TURAS) alongside live education sessions to embed the learning of those managers undertaking the module. The module and our education sessions follow the Skills for Health's Six Steps Methodology used by the workforce planning community across NHS Boards and Trusts in the United Kingdom as well as a number of Social Care providers.

The Workforce Planning team will guide and support managers through the completion of their workforce plans at an operational level as well as supporting the Board at a strategic level in the writing of this Workforce Plan. The Workforce Planning Cycle (Appendix 2) aims to ensure that workforce plans inform both the Board's Annual Delivery Plan and the annual Workforce Plan updates but importantly the key priorities within the People elements of the Together we Care Strategy.

Clinical Leads and service managers are expected to utilise the available resources in order to support sustainable workforce planning. By gathering and examining information on our current available workforce, assessing their capabilities, experience and specialist expertise or particular qualifications we will gain a greater understanding of provision gaps and help make informed decisions to optimise future outcomes.

Integrated Service Planning

NHS Highland is developing an integrated service planning approach to encompass workforce demand with clinical activity and resource both financial and workforce availability. Moving forward, this way of working will enable us to triangulate the input of performance, finance and workforce data to project future workforce requirements more accurately. An organisational wide programme has been drafted to assure a whole system modelling approach in NHS Highland. Previous Annual Operational Plans and Remobilisation plans, workforce plans and financial plans have been presented largely in isolation so far. In developing integrated service planning, we aim to ensure NHS Highland is

delivering the right services, at the right time, with the appropriate workforce capacity and within its financial means. To do this, we will improve our understanding of what services are currently delivered, through to what we need to deliver in the future.

Our integrated planning process aims to:

- Improve patient outcomes and safety, including increasing quality and the equity of our services
- Have a clear line of sight to national standards and recommendations from Royal Colleges and other professional advisory bodies
- Deliver the NHS Highlands Together We Care Strategy (inclusive of other strategies)
- Support NHS Scotland's Recovery Plan and associated development of integrated Annual Delivery Plan
- Increase the flexibility of our job roles and career pathways by moving away from uni-professional conversations and embracing new role design.

Initial engagement with two pilot services is underway as well as planning a phased roll out across all our health and social care services across 2022 and beyond.

NHS Highland has jointly appointed with Scottish Care an Independent Sector Care Homes lead and plans to appoint a similar role for Care at Home in the coming months. We have worked closely with providers throughout the pandemic and are working collaboratively with the sector and public sector partners (DWP, SDS, DYW and HIE) to address the significant recruitment and retention challenges faced by the sector in the immediate short, medium and longer term.

Financial Planning

NHS Highland, along with most boards in Scotland, is facing a significantly challenging financial situation over the coming years, with a projected budget deficit of £42.272m for the 2022-23 financial year. A cost improvement programme for the financial year has identified £26m savings reducing the overall deficit to £16.272m. The ongoing management of the reduction in COVID related costs, for which there is no further funding this financial year will be a key part of reducing this deficit further.

The latest position for the period to end August 2022 identifies an overspend of £17.683m. This overspend is forecast to increase to £33.600m by the end of the financial year. The YTD position includes slippage against the savings plan of £8.542m with slippage of £12.225m forecast at financial year end.

Local savings plans will be delivered to ensure achievement of a break-even financial position, by the end of the financial year. Transforming service delivery and the workforce to support will play a key role in ensuring NHS Highland manage the budget through this and successive financial years, and integrated planning, as noted above, will ensure that services and workforce are planned within budget. Key elements to this will be:

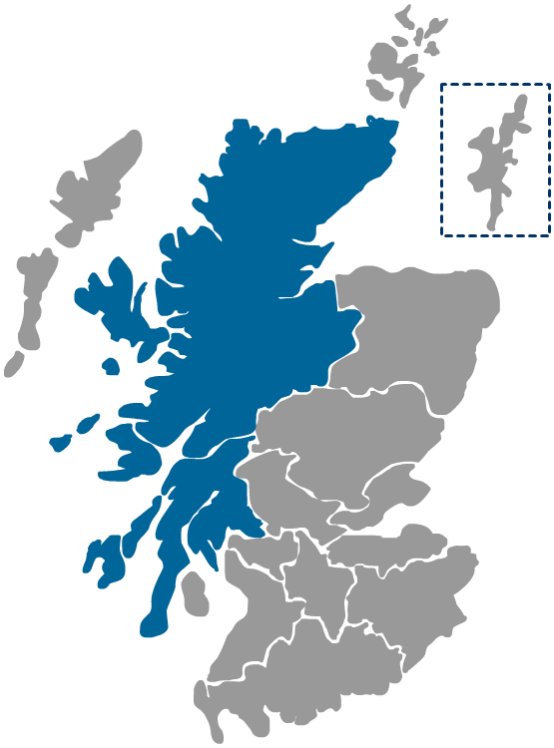
- Reducing agency and locum spend and ensuring it's aligned to priorities and best value as well as performance
- Ensuring that all roles are working to the top of their licence
- Using advanced practice roles
- Developing new training pathways and career progression routes
- Ensuring appropriate support roles are available
- Reviewing our skills mix and workforce plans and vacancies so we recruit what we need most
- Scrutinising pay protection, grade protection, redeployment, long term bank and fixed term contract usage
- Absence management
- Identifying and reducing unfunded posts
- Identifying bank / locum / agency spend not linked to vacancies
- Reviewing vacant posts: do we need it, do we need the same, do we need it now, do we need it all - linked to finance and performance outcomes

The National Care Service

The proposals set out for the National Care Service (NCS) are based on the ambition to improve integration and therefore care pathways and outcomes. The creation of the NCS will be a fundamental change for the workforce and will have an impact across all healthcare settings in general. As such, the need to fully understand the potentially significant implications for the delivery of social care moving forward is required.

Overview of NHS Highland

When considered by geography, NHS Highland is both the largest and most sparsely populated health board in Scotland. NHS Highland spans a huge geographical area covering 32,566 square kilometres and accounting for 42% of Scotland's land mass.



NHS Highland is one of fourteen territorial boards and employs 10745 people making it one of the largest employers in the Highlands. NHS Highland provides a health service to a resident population of 324,280 people, 5.9 percent of the national population in an area that is 42 percent of the landmass of Scotland. The area is split into two Health and Social Care Partnerships (HSCPs), co-terminus with the local authority areas of Argyll and Bute and Highland with populations of 86,220 and 238,060 respectively1.

Integration of health and social care has developed in two differing strands across NHS Highland. The Highland Health and Social Care Partnership adopted a lead agency model where all staff engaged in Adult Social Work and Social Care transferred employer to NHS Highland. By contrast an Integrated Joint Board supports and oversees the provision of integrated care services in the Argyll and Bute Council area. Workforce planning is carried out at Integrated Joint Board level. This workforce plan covers NHS Highland Acute Services (excluding Oban Lorne and Islands Rural General Hospital, which is part of the Argyll & Bute HSCP. A separate workforce plan has been developed for the Argyll and Bute Health and Social Care Partnership.

NHS Highland Acute services covers 4 Acute Hospitals, including Raigmore Hospital in Inverness and 1 Acute Mental Health Hospital. Highland Health and Social Care Partnership has 20 Community hospitals and 98 GP practices.

There are 69 care homes across north Highland covering all client groups. 53 of these care homes are operated by the independent sector and 16 are operated in house. A significant proportion of independent sector care homes in north Highland (43%) are operated by small scale providers, who collectively deliver 581 beds and whose average size of care home is 27 beds. Whilst this smaller scale provision reflects Highland geography and population, it presents increased financial sustainability vulnerability risks.

There is a significant reliance in Highland on 3 providers (Meallmore, Crossreach and Parklands) who collectively operate 17 care homes and deliver a third of all care home beds in Highland.

[1] National Records of Scotland. Mid-2021 population estimates Scotland

Demographic

Demographic and epidemiological data for the NHS Highland population has been well articulated in a wide range of published reports over the last 5 years in particular The Annual Report of the Director of Public Health (2019). Demographic and epidemiological data is under review by the Board's Health Intelligence Team. Key points:

- Diffuse settlement patterns and low population density create significant challenges in delivering health and social care
- The number of people over 65 is expected to increase to 29% of the population by 2030.
- Multi-Morbidity is already very common. The majority of patients aged 65 and over have 2 or more conditions.
- Continued population ageing will mean that there will be a rising demand for the prevention and management of multi-morbidity rather than of the single diseases.
- Deprivation, fuel poverty and inequality in many parts of the Board area compound these issues.
- More single person households therefore increase care implications.
- Support recovery from the COVID-19 pandemic, both in terms of the longer-term health effects and the impact on the wider determinants of people's health.

The population of NHS Highland is ageing. The proportion of older people is expected to increase substantially, often in areas where population numbers are static or decreasing. The National Records of Scotland estimate that, in another 25 years, 31.0% of people in NHS Highland will be aged 65 years or over, a very important change from the 23.0% of people in 2018. The working age population is predicted to decline from 60.6% to 57.6%.

If the number of working age people decreases as anticipated, then the pool of potential staff in traditional working age groups will be lower, at the same time as the number of older people increases. The ratio of adults aged 16 to 64 to adults aged 65 years and over is already 1:2 in the NHS Highland area compared to 1:4 in Scotland. In Argyll and Bute the ratio is 1:1. There tends to be a lower ratio in rural areas, which will make staff recruitment challenging in areas which have some of the highest proportions of older people.

The advancing age comes the requirement for greater use of Health and Social Care services. Consequently, the demand for pharmacy services especially. Some of the demand will be able to be met by investment in new technology for example HEPMA, digital prescribing and dispensing of prescriptions in primary care and patient self-directed services. In services such as 'home care' patient numbers have risen from 50 in 2019 to over 2000 in 2021 and require increased pharmacy service input to maintain the safety and effectiveness of patient care.

Social Mitigation

NHS Highland plays a key role in supporting local communities beyond the provision of healthcare. The Social Mitigation Strategy and Action Plan set out NHS Highland's approach to supporting recovery from the COVID-19 pandemic in the context of the impact on the wider determinants of people's health. Key themes:

Unemployment and the Economy	Income and financial Security	Mental health and Wellbeing
Drugs and Alcohol	Digital Inclusion	Capacity and community resilience
Transport and active travel	Food security	

NHS Highland procures many services within Highland and Argyll and Bute. There is potential to develop our role as a health service to meet the wider health needs of a population through support for employment; provision of Fair Work and a consideration to how we can support the economic recovery of the geographical area we cover. Likewise, as an

organisation that sees many people as part of the delivery of our services, we are ideally placed to signpost and refer people onto advice and support for income maximisation and to mitigate against the negative impacts of poverty.

The Health Improvement Team is already actively involved in delivering against many of the themes identified, but the actions required within the social mitigation plan are wider than those of the health improvement team and includes not just our operational services but also our corporate support services deliver against this plan. The Strategy and actions plan will be met through the TWC Strategy.

Labour Supply

As with many economies in the developed world, Scotland's population is ageing. By 2045, the number of people of pensionable age in Scotland is expected to increase by 20.6% (205,800 people), whilst the working-age population is projected to decline by 2.4% (84,400 people). This suggests the possibility for a tighter labour market in future and an increasing dependency ratio.

The Labour supply data for the Highland Council population has been well articulated in a wide range of published reports over the last 5 years. Labour supply consists of people who are in the age bracket 16-64, employed, as well as those people defined as unemployed or economically inactive, who can be considered to be potential labour supply. The data estimates are based on samples and are therefore subject to sampling variability.

In terms of the wider labour market, economic activity and employment rates in the Highlands and Islands are higher than nationally and have remained relatively unchanged over the last decade. Self-employment is also higher (11.3% versus 8.4% nationally), and a greater proportion of people in the Highlands and Islands work from home: 15.5% compared to 10.8% nationally[1].

Main points

- **The number of people in the age bracket 16-64 is diminishing**, down 1,700 (0.8%) between 2017 and 2020[2]
- Of those aged 16-64, 84.6% were economically active (employed, self-employed or unemployed) in 2017, by 2020 this had dropped to 80.3% (4.3%)
- Unemployment rates are relatively stable over the period however unemployment in the region is lower than for Scotland (2.4% in July 2019 compared to 3.2% nationally)
- The number of economically inactive (student, looking after family/home, Temporary sick, Long-term sick, Discouraged, Retired, Other) 16-64 year olds has grown by 9.3% between 2017 and 2021
- The 2017 economically inactive - retired figure is 4,200 (19.1%), by 2021 it has risen to 11,000 (33.5%)

All of the above are an indication of the 'squeeze' on the locally available workforce and the increasing competition from the private/independent sector when it comes to salaries for skilled labour. Traditionally this has long been the case for the estates employees within the trades such as plumbers, electricians, etc. but now we are hearing of similar worries around IT posts, some Allied Health Professional roles (Physiotherapy and Podiatry for example), Pharmacy and Healthcare Science roles. Anecdotally there is an indication we are also losing staff from these roles to the private sector once they have trained with the NHS.

In addition, the changed nature of work 'post COVID' has an impact on availability of suitable employees as it is now so much easier to live in and enjoy the benefits the Highlands has to offer while working from home for an employer based anywhere in the country or beyond, depleting the available workforce to NHS Highland even further. However, we have also seen good levels of recruitment from colleagues from outwith the board area who wish to relocate to Highland and have a different lifestyle post-pandemic, although this does tend to be more prevalent in more senior and highly paid posts to date.

[1] Source: NOMIS Local Authority Profile

[2] Source: HIE Emploment Rates

Strategy and Key Services

Together We Care Strategy

"Together We Care, with you, for you" is the NHS Highland 5 year strategy to drive transformation in our population outcomes through redesign of service delivery. In a radical change, rather than consulting on a finished product, we've engaged repeatedly over a six month period with colleagues, communities and partners, revising and amending our approach on several occasions as a result of the input from engagement to ensure this is responding to what our population needs.

A summary of the strategic objectives and ambitions are as follows:

Strategic Objective 1: Our Population	Deliver the best possible health and care outcomes for our population
Strategic Objective 2: Our People	Making this a great place to work for our people
Strategic Objective 3: In Partnership	Working through partnership to transform and integrate health and care

These three objectives are supported by 16 ambitions with a number of intentions within. A collective leadership approach has been developed to identify the actions and measurables for each of the individual ambitions. Each ambition will have at least 3 action plans that will help deliver our strategy over the next 5 years. These action plans will be developed as part of our annual delivery plan and will be integrated across our system to ensure a collaborative approach to delivery. Beyond this, NHS Highland will align with partners, community groups and the third sector to achieve delivery. The strategy will be supported throughout the organisation and be embedded through our annual delivery plans and managed through a performance framework and a series of programme boards.

A key focus for this Workforce plan will be the four actions within **Objective 2: Our People**. However, there will be workforce implications and drivers across all 3 objectives, 16 ambitions. Key Services, Job Families and Workforce risks have been summarised within this plan as well as within our Annual Delivery Plan. The annual delivery plan sets out the details of our ambitions and actions across the first year of the strategy.

Objective 2: Our People - Making this a great place to work for our people:

*"We will **plan** and attract a sustainable workforce and support colleagues to **grow** their careers with us. We will **listen** to and learn from their experiences in developing future plans and we will **nurture** health and wellbeing in an environment of trust, respect and valuing difference"*

The four ambitions within objective 2 have been aligned to one or more pillars of the national strategy and are embedded throughout this workforce plan:

Strategic Ambition	Pillars of National Workforce Strategy
Grow Well	Train
Listen Well	Plan, Nurture
Nurture Well	Train, Nurture
Plan Well	Plan, Attract, Train, Employ

In addition to the 3 strategic objectives and the 16 ambitions, we have a further two priorities which underpin our approach.

- **Perform & Progress Well**: Core activities providing golden threads throughout our system that support the delivery, resilience and sustainability of our services supporting our strategy and our annual delivery plan

- **Enable Well:** Ensuring the organisation is transformational and with clear lines of governance and assurance processes to support delivery of high-quality health and care services for our population

Health and Care Staffing Act

Whilst implementation of the Health and Care (Staffing) (Scotland) Act 2019 was paused, development of standard processes to review and inform workforce planning have been progressed across Nursing, Midwifery and Allied Health Professionals in NHS Highland. These processes are designed to ensure staffing is appropriate, risk assessed and managed in the immediate, short and medium term. To embed standard work and a consistent approach for undertaking NMAHP workforce reviews, the NHS Highland NMAHP Workforce Review Toolkit was developed and then reviewed and updated in 2021. Its purpose is to set out a series of steps and timeline for the preparation, running, reviewing, quality assuring and reporting of NMAHP workforce reviews, which are based on the principles of the Act and strive to ensure staffing is appropriate to support high quality care. The Toolkit has been developed in conjunction with clinical leaders, managers, finance and partnership representatives and essentially provides a "How to Guide" including tools, learning resources and templates for use across all clinical areas.

A significant amount of work has been undertaken across our Allied Health Professions. Unlike Nursing and Midwifery validated tools for use in Scotland for the AHP workforces have not been developed and so this year has seen pilots of various tools, Job Planning and Quality and Safety Huddle tools. The results of this review are being processed, and learning identified to inform general establishment reviews in the future. There is no national workforce tool for Social Work services, while this is being considered and developed Adult Social Care Leadership are assessing and developing a local workforce analysis and plan. There has been investment from Scottish Government directly to Adult Social Work Teams which has reduced some immediate pressure in 2022/23.

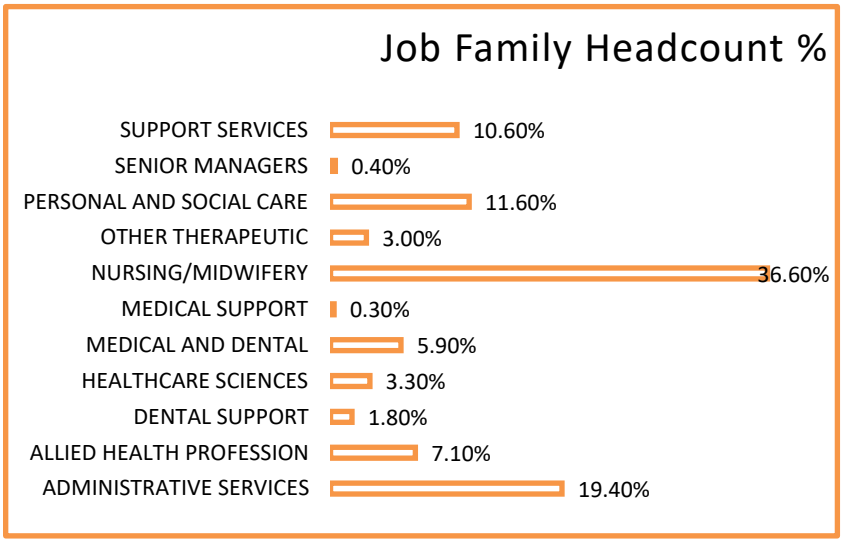
NHS Highland will within our strategic priorities and our available funding and resources to deliver the aims of the Act. To date, it has been challenging to fill the posts created in establishment reviews due to shortages of registrants, and we must adapt this process to support integrated service and workforce planning, rather than a uni-professional view and to consider all of the other pathways and roles which could be utilised. With full implementation of the Act to take place on the 1st of April 2024, NHS Highland through the People and Culture Programme Board will oversee the monitoring and governance to ensure the first report deadline of 31st March 2025 is met.

Workforce Analysis

Staff in Post

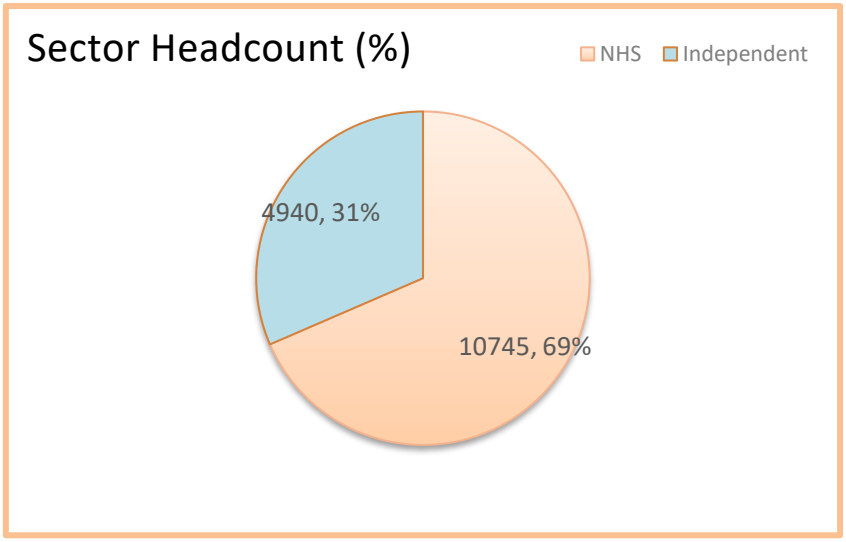
As of 31st March 2022 NHS Highland had a whole time equivalent (WTE) of 8601.9 and headcount of 10745.

This is a 4.8% increase in WTE (3.9 % increase in headcount) over the last year and a 9.2% increase in WTE (8.5% increase in headcount) compared to 2019. The Nursing and Midwifery job family is our largest holding 36.6% of the Board headcount, almost doubling the next largest job family Administrative Services.



NHS Highland has more staff than it did pre-pandemic, however, we are not yet up to pre-pandemic levels of service delivery. This is likely to be for a range of reasons, such as COVID absence levels (most acute in early 2022 as demonstrated later within this plan), ward reconfigurations and increased time needed for patient consultation. There is also emerging evidence that as through the pandemic patients delayed engaging with health services, with the result that their conditions are further progressed than they may have been had they presented earlier, resulting in a different demand level on services. We know from engagement undertaken so far is that there are efficiencies to be gained at a service level.

To predict what future staffing levels NHS Highland may need based on current inefficiencies would not be accurate. As highlighted earlier within this plan our Integrated Service Planning programme alongside our Annual Delivery Plan NHS Highland aims to review our staffing skills mix and projections as we transition through the new approach.

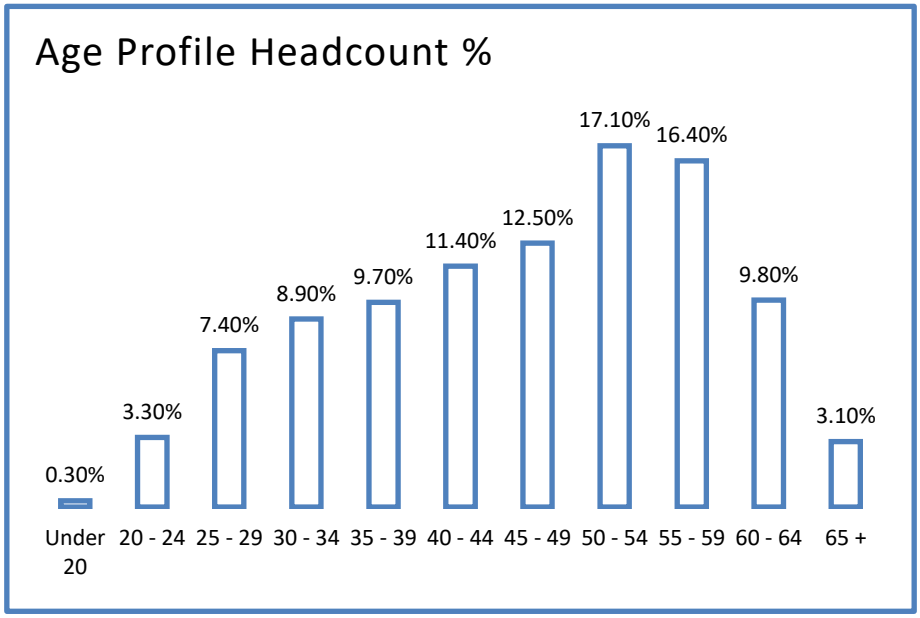


It is important to highlight that the almost 5000 people, roughly 1 third of the total workforce are employed across social care by commissioned service providers. Primary care commissioned provider workforce is not included here due to lack of available data at local and national level.

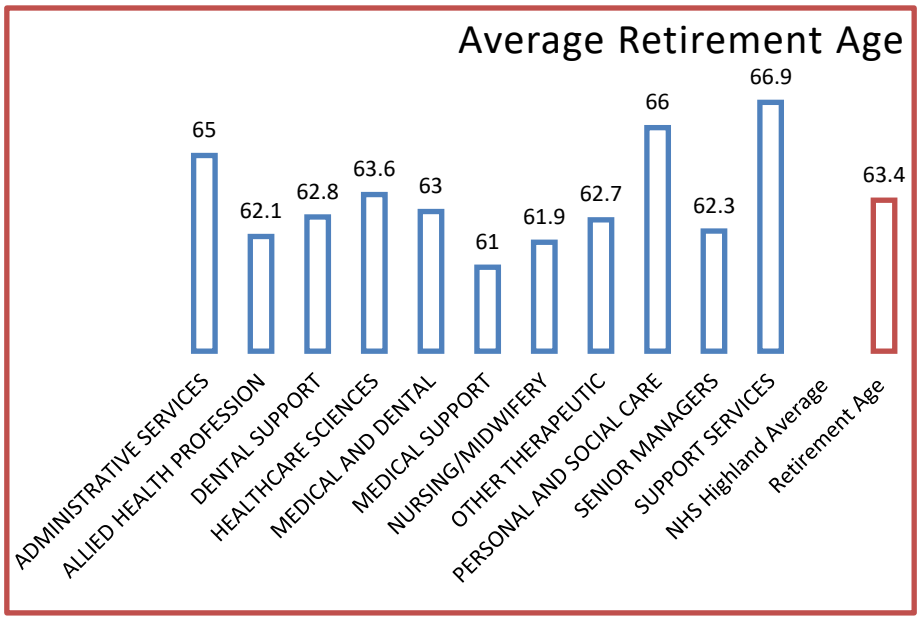
Age Profile and Retirement Analysis

NHS Highland demonstrates an ageing workforce with a significant number coming up to or over the expected retirement age.

The median age is 48 for NHS Highland, which has not changed from pre-covid. However, the headcount over 55 has increased. The Board's average retiral age is 63, an increase from 61 in 2018, this highlights a risk to the sustainability of the workforce. Over 2000 employees are age 57 and over and of those 1000 are 61 and over. The highest number of employees working beyond the Boards average retirement age are within the Band 2 and Band 1 pay banding.



NHS Highland will continue to work on age profile modelling through developments of Dashboards and working in partnership with the NES Workforce team with an aim to enhance our intelligence to help inform succession planning and workforce planning in relation to the ageing workforce. Work will start with the launch of the Retire and Return Policy to understand which sections of the workforce may choose to work for longer and identify how NHS Highland can retain the skills and experience of the older workforce, whilst providing safe and manageable roles. We also need to work with colleagues to ensure that flexible working options are fully utilised and managers have the necessary skills in management and rostering to make the most of this.



Although many current members of staff will be working longer there is clearly an urgent need to recruit the younger generation, this is underpinned by the fact that less than 400 employees (3.5% of the workforce) in NHS Highland are aged 24 or under. 48% of the under 24s are within the Nursing and Midwifery job family.

There are multiple critical issues within our workforce profile around the time taken to train in professional roles, the loss of experienced colleagues and the impact on an aging workforce due to the physical nature of some roles. It is vital that Managers are aware of the current age profile, average retiral age across job families and project retirals, in order to deploy targeted retention or succession planning work in good time to avoid shortfalls in service, particularly in remote and rural areas where the fragility of small teams is high.

In addition, there are some challenges in the way in which some professions are reported. For example, Pharmacy sits as a sub job family within Other Therapeutic Services.

Part Time, Whole Time, Headcount and WTE

NHS Highland has more substantive employees on part time contracts than full time (53% v 47% at 31/03/2022). This results in each individual (headcount) working an average of 0.8 whole time equivalence or WTE (8601.9/10745 at 31/03/2022). By reversing the ratio (Headcount/WTE or 10745/8601.9) we arrive at the multiplication factor of 1.25 that indicates how many individuals are required to fulfil 1.0 WTE across the organisation.

We can use these calculations to look more closely at job families, sub families and grades, for example (using more recent data) on 31st August 2022 NHS Highland employed 136 substantive band 6 midwives in roles filling 102.05 WTE which indicates each midwife, on average works 0.75 WTE. If we identified a shortfall of 8 WTE midwives this could translate to an actual need of 11 trained individuals to fill the posts. The calculated multiplication factor (Headcount/WTE or 136/102.5) is 1.33 resulting in a need for 10.66 (1.33x8) individual midwives.

The table below shows the data as of 31/08/2022 for each job family in NHS Highland.

Job Family	Headcount	WTE	Average WTE	Ratio Headcount/ WTE
ADMINISTRATIVE SERVICES	2099	1700.5	0.81	1.23
ALLIED HEALTH PROFESSION	775	620.5	0.80	1.25
DENTAL SUPPORT	194	137.23	0.71	1.41
HEALTHCARE SCIENCES	352	322.86	0.92	1.09
MEDICAL AND DENTAL	649	489.09	0.75	1.33
MEDICAL SUPPORT	32	30.1	0.94	1.06
NURSING/MIDWIFERY	3956	3266.57	0.83	1.21
OTHER THERAPEUTIC	340	289.97	0.85	1.17
PERSONAL AND SOCIAL CARE	1238	927.07	0.75	1.34
SENIOR MANAGERS	43	35.69	0.83	1.20
SUPPORT SERVICES	1142	845.07	0.74	1.35
Total	**10820**	**8664.65**	**0.80**	**1.25**

When service planning, financial planning and workforce planning we often focus on the whole time equivalence (WTE) to measure existing and future workforce requirements and the headcount doesn't always feature heavily, however, this is potentially overlooking an important statistic. We need to be aware of this factor when considering recruitment and training requirements for the future workforce.

Fragility of Small Teams

We know NHS Highland has an ageing workforce and the remote and rural spread of that workforce leads to dispersed and small teams. Understanding the extent to which a combination of team size and age profile put future service delivery 'at risk' could be key to succession planning within these teams.

Data analysis of small numbers of a particular job family in a sub-department has shown from a total of 958 teams of 5 or less of the same job family there are

- **111 (11.6%) teams where all the team are aged over 60**
- **236 (24.6%) teams where all are over 55 and**
- **392 (40.9%) where all are over 50**

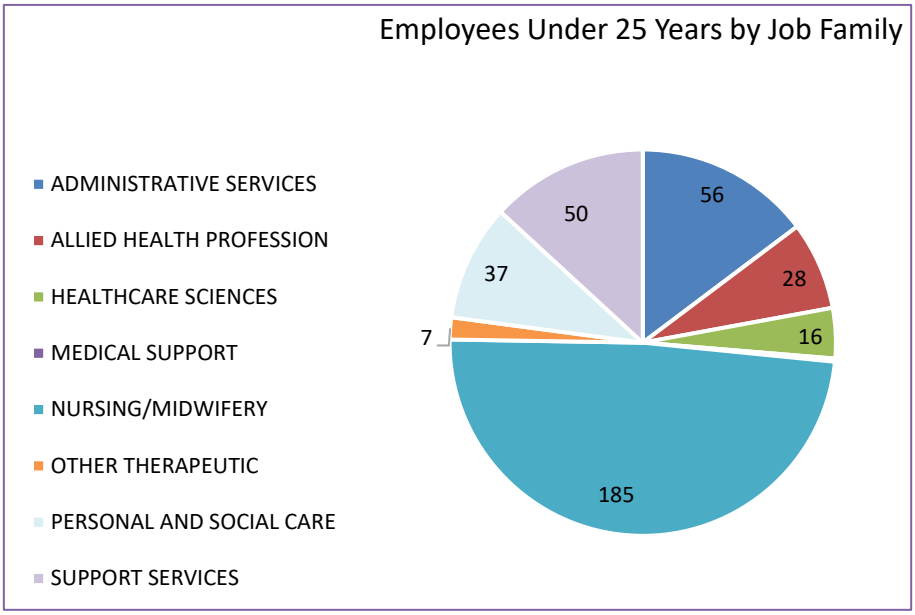
The table below details how the teams of 5 or less where all the team are aged over 50, over 55 and over 60 are represented across the job families. For example, of the 304 Administrative Services small teams, 123 or 40.5% of those teams are entirely made of personnel over the age of 50.

Job Family	(Total No. of teams of 5 or less)	All the team are over 50, 55 and 60		
		Over 50	Over 55	Over 60
ADMINISTRATIVE SERVICES	(304 Teams)	123 (40.5%)	73 (24.0%)	38 (12.5%)
NURSING/MIDWIFERY	(168 Teams)	64 (38.1%)	32 (19.0%)	13 (7.7%)
SUPPORT SERVICES	(136 Teams)	84 (61.8%)	56 (41.2%)	29 (21.3%)
MEDICAL AND DENTAL	(95 Teams)	33 (34.7%)	19 (20.0%)	10 (10.5%)
ALLIED HEALTH PROFESSIONS	(87 Teams)	19 (21.8%)	11 (12.6%)	2 (2.3%)
PERSONAL AND SOCIAL CARE	(60 Teams)	29 (48.3%)	19 (31.7%)	8 (13.3%)
HEALTHCARE SCIENCE	(31 Teams)	13 (41.9%)	11 (35.5%)	5 (16.1%)
DENTAL SUPPORT	(28 Teams)	3 (10.7%)	1 (3.6%)	1 (3.6%)
OTHER THERAPUTIC	(27 Teams)	10 (37.0%)	7 (25.9%)	4 (14.8%)

This highlights the extent of the risk, that factors such as retirals and increased absence due to health condition or multiple health conditions could impact on the continuity of the service. The risk will be greater for the job families where these roles are classed as 'difficult to fill' or require longer training lead in times e.g. Pharmacy, Medical and Dental, Healthcare Sciences and Allied Health Professionals; however as presented the aging profile of Support Services and Administrative Services are areas to address, as highlighted previously those in lower pay bandings.

Future Workforce

The ability to attract young professionals of all disciplines to more remote and rural is a pressing issue. Net out-migration of young people is a long standing and significant issue as young people move out of the region to pursue education and career opportunities in the rest of Scotland and further afield.



Highlands and Islands Enterprise (HIE)research on the attitudes and aspirations of young people aged 15-30 illustrates an increasing commitment to staying in the region. Almost two-thirds (64% of young people in Highland and Islands) would like to work in the Highlands and Islands in future but cite a number of factors need to be in place to facilitate this for example, good pay levels, high quality jobs, a low cost of living and opportunities for career progression, and quality of life, availability of affordable housing and access to good healthcare. In order to ensure these young people are able to enter high quality professional roles in health or social work they need to be able to access higher education opportunities within the region, something that is currently limited to nursing.

The percentage of school leavers in Highland Council High Schools going on to a positive destination has been lower over the last three years than would be expected when compared with other similar local authorities. The total cohort of school leavers from Highland in 2020/21 was 2,328. With 94.3% going on to a positive destination, this means that 132 young people didn't. Based on data collected by Highland Council and Developing the Younger Workforce it's important to highlight:

Only 10% of pupils Age 15+ across Highland are **interested in a career in Health**
In 2022 just **391** S4 and S5 pupils have **indicated an interest in healthcare roles**

Within Highland 380 staff are under 25, with nearly half in Nursing and Midwifery whilst Medical Support employ less than 5. NHS Highland is committed adapting our entry and career pathways to ensure our future workforce are able to become either a qualified professional within health and social work or take alternative routes providing them with a career in health and social care to whatever level they are able or wish.

NHS Highland is working in partnership with the NHS Scotland Academy, Skills Development Scotland (SDS), Highland Council (HC) and the University of Highlands and Islands (UHI) to pilot a new pathway at SCQF levels 45&6 with a focus on health care. This is a one-year pilot programme which will be delivered from August 2023. The pathway will help learners in the Senior phase at school develop the skills, knowledge and behaviours that will enable them to better understand clinical and non-clinical health care occupations and gain an understanding of career pathways into and

within NHS healthcare. In addition to developing essential skills, the programme will also contribute to addressing the lack of awareness of the range of healthcare careers amongst young people at a stage when they are making career decisions.

Significant work is required in NHS Highland to ensure the expansion of the apprenticeship workforce to balance an ageing workforce and to ensure that appropriate succession planning is being considered. With the launch of an Apprenticeship Strategy it is hoped that apprenticeships can be utilised to recruit and support the workforce, with new programmes being developed across job families utilising the range of frameworks on offer.

As part of NHS Highlands commitment to young people we have committed to the Young Persons Guarantee and have begun the process of accreditation for Investors in Young People. Investing in the development of our approaches to the recruitment and employment of young people will bring many benefits to the organisation and, as an anchor institution, to the communities that we serve. Commitment to the attraction, engagement, and ongoing development of young people offers the chance to create and promote local solutions to routes in to careers in NHS Highland. The focus on youth employment opportunities ensures that workforce development can begin to build a talent pipeline, improve workforce diversity and bring new ideas and skills into the workplace.

Leadership and Management Development Framework

NHS Highland launched a leadership and management development framework in 2021 designed to support Supervisors, Managers and Leaders to continue to grow in their leadership and management journey. The framework supports four levels of leadership and management, plus a fifth level of executive level talent management and succession planning, recognising that leadership happens at all levels across the organisation, irrespective of any official leadership or management job title. As of July 2022, 16 have completed, 44 continue across the levels with more cohorts scheduled across the next 3 years.

Objectives:

1. Design and deliver learning opportunities that support the development of the essential knowledge, skills and behaviour requirements of current and future leaders and managers within NHS Highland to support the strategy, culture and values of the organisation.
2. Working collaboratively with Subject Matter Experts within and outwith ELD team design and deliver Leadership and Management learning opportunities that promote the leadership behaviours, skills and approaches needed to grow a culture of wellbeing and staff engagement, using a blended approach including self-directed and face-to-face learning opportunities.
3. Design and deliver bespoke leadership and management development learning opportunities if a specific need is identified within the organisation that cannot be addressed via current delivery.
4. Provide clear, visible leadership and management capability and development frameworks.
5. Support leaders and managers to successfully navigate career pathways by providing access to development opportunities which address their developmental needs.
6. Support leaders and managers in their ongoing development and self-awareness.
7. Provide advice and guidance on appropriate leadership and management learning opportunities.
8. Facilitate and support leadership and management communities promoting peer support and sharing of best practice.
9. Signpost and / or provide a range of support interventions, such as, but not limited to the mentoring scheme, line manager portal and coaching.
10. Support other LMD programmes.

Internal Labour Market

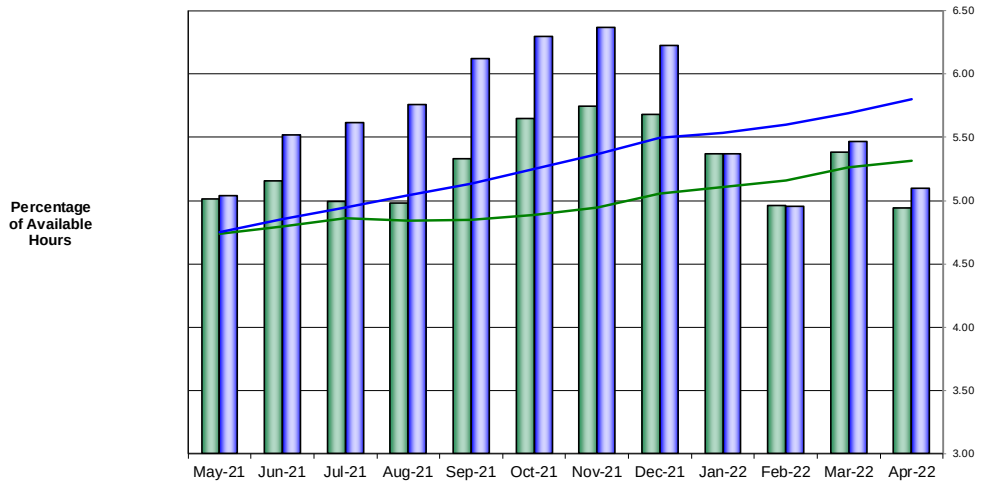
There is also an opportunity to develop an internal talent pool, utilising the skills and experience of those who are displaced through organisational change and/or who have expressed a career development need that requires a move to another location. This will be explored as part of our Grow Well intention.

Colleague Wellbeing

Another focus area for us since 2019 has been ensure colleagues are supported to stay physically and mentally healthy and have access to services when they become unwell and are helped to stay at work or return to work successfully when they are able to. Throughout the pandemic, much focus has been on supporting the tactical elements, such as our Employee Assistance Programme, investing in additional psychology resources within our Occupational Health Team and practical support for rest, nutrition, and fluids. We've developed our Menopause policy and resources and are working on a Toolkit to support colleagues and managers. Our Together We Care strategic ambition to Nurture Well will see us deliver our holistic health and wellbeing strategy and plan, around 3 key areas of Mental Health, Physical Environment and Stress and Workload with a diagnostic currently underway, working with colleagues and key partners to ensure this meets the current and future needs of our workforce.

Workforce Absence

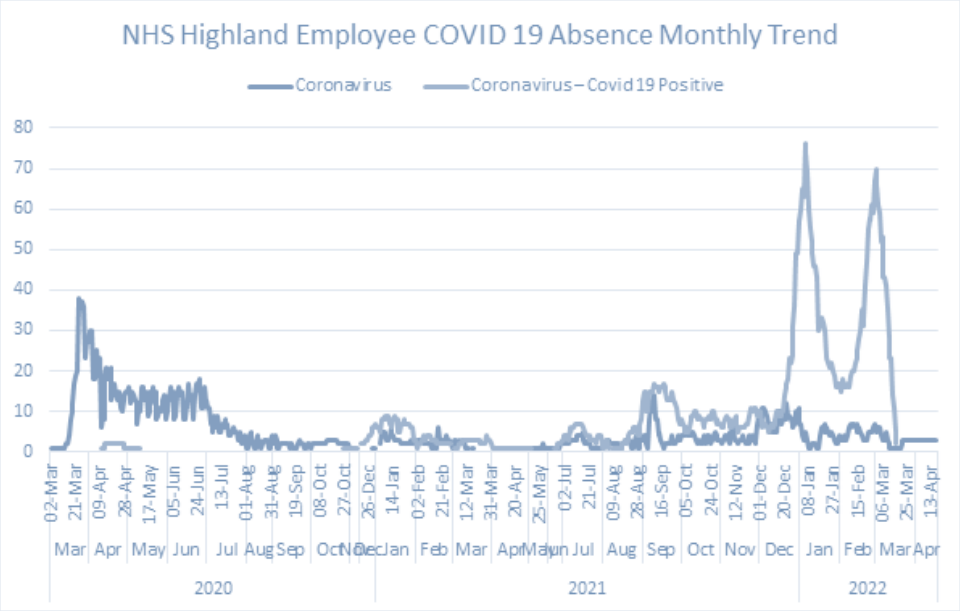
NHS Highland's sickness absence annual rate has fluctuated between 4.7% and 5.3% within the last year, there has been noticeable dips which is reflected by peaks in special leave absence related to COVID reasons through January-April 2022. In March 2021 absence rate was 4.6 % the lowest it's been since 2013, March 2020 absence rate was 5.62 % the highest in 7 years, March 2019 absence rate was 5.32%.



	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22
NHS Highland Monthly	5.01	5.15	5.00	4.98	5.33	5.65	5.74	5.68	5.37	4.96	5.38	4.94
NHS Scotland Monthly	5.04	5.52	5.62	5.76	6.12	6.30	6.37	6.23	5.37	4.96	5.47	5.10
NHSH Highland Annual	4.74	4.80	4.86	4.84	4.85	4.89	4.95	5.05	5.11	5.16	5.26	5.32
NHS Scotland Annual	4.75	4.85	4.95	5.04	5.14	5.25	5.36	5.50	5.54	5.60	5.69	5.80

NHS Highlands's sickness absence level remains below that of the average for NHS Scotland. Throughout 2021/2022, the absence rates do not reflect as much of a pattern, as seen in previous years pre-pandemic, where absence levels were lower during summer months.

Overall NHS Highland mirrors the NHS Scotland trends however we continue to work with colleagues and managers on prevention and proactive approaches and managing ill health effectively. With absence levels fluctuating across professions and sectors, the need to improve staff health and well-being remains a key priority for the Board. Some analysis is required to understand any potential links between absence rates, retiral ages, job families and bands which will inform targeted wellbeing strategies.



Vacancies

NHS Highland faces significant difficulties in recruiting to a wide range of posts. In a number of key areas the Board has consistently higher vacancy rates than the rest of Scotland and in most cases have posts that are vacant for longer, creating additional pressure on our current workforce, particularly in smaller teams that are a result of dispersed population in a remote and rural/island board. These issues are also seen in our social work and social care workforces.

There are a wide and varied number of reasons for some of the recruitment difficulties we face, including national supply shortages in all job families, onerous on-call requirements in remote and rural areas, local accommodation availability and affordability, part time professional posts in remote and rural areas and a lack of work for partners in the local area.

Recruitment challenges are driven by a number of factors, some unique to different job roles, others to different localities, but there are many commonalities. A number of challenges were noted in the labour market analysis above, a shrinking working age population, reduced numbers of young people entering the labour market, and general competition across the labour market. In a number of job families, particularly but not only Pharmacy and Allied Health Professions, there are insufficient numbers of graduates coming through the training pipeline. Specific issues for recruitment are highlighted within the challenges for each job family within this plan.

Midwifery staffing poses a particular challenge for this Board with some small teams experiencing up to 90% vacancy rates at times. This impacts directly on aspects of care such as home births. The current midwifery supply model has been very challenging for NHS Highland, creating reliance on a post graduate shortened course, which is now beginning to increase the numbers of midwives working in the Board. As with other services an aging workforce, onerous on call requirements and small, often isolated teams exacerbates the current challenges. This has been escalated to the Chief Nursing and Midwifery Officer by the Board Nurse Director, and NES is now supporting the Board in enhancing the midwifery supply model and exploring international recruitment possibilities.

The Vacancy rates across Boards shows that in September 2021 NHSH has the highest vacancy rate for managed service pharmacy staff of any Board in Scotland (19.7%). In recent years there has been a significant expansion in the primary care pharmacy service across the UK. This has led to a sustained shortage of pharmacists in particular but also pharmacy technicians across all three sectors. This pressure can be seen most acutely in locum rates which have risen

significantly. Employment practices in parts of the community pharmacy sector are considered to have exacerbated this issue

NHS Highland, initially through the National Treatment Centre, Highland have begun to explore the opportunities created at national level re: international recruitment, with the recruitment an initial small cohort of nurses from Zambia. We will continue to plan for the use of international recruits in all hard to fill roles as an alternative supply source.

Supplementary Staffing

NHS Highland's expenditure on Agency and Bank spend for the 2020/2021 financial year was over £28m, compared with £24 m, in 2019/20 and £22m in 2018/19. Agency costs has increased by £1m compared to 2018. Overtime has increased by £12m compared to 2018. However, there is an impact of Covid on usage in the past 2 years, with a need to fill temporary posts to support vaccination, track and trace and respond rapidly to emerging needs. Nursing and Midwifery supplementary staffing usage over 2021 was 8% of their total workforce. Support services was over 10% and Social Care at 12.5%.

This reliance is caused by an inability to recruit substantively linked to national shortages in across job families as well as ongoing sickness and covid related absence. There will be continued scrutiny of the appropriate use of bank and agency staff and use of overtime and additional hours. As highlighted earlier NHS Highland is actively progressing initiatives, both locally, regionally and nationally to ensure better workforce supply and the creation of a more resilient workforce.

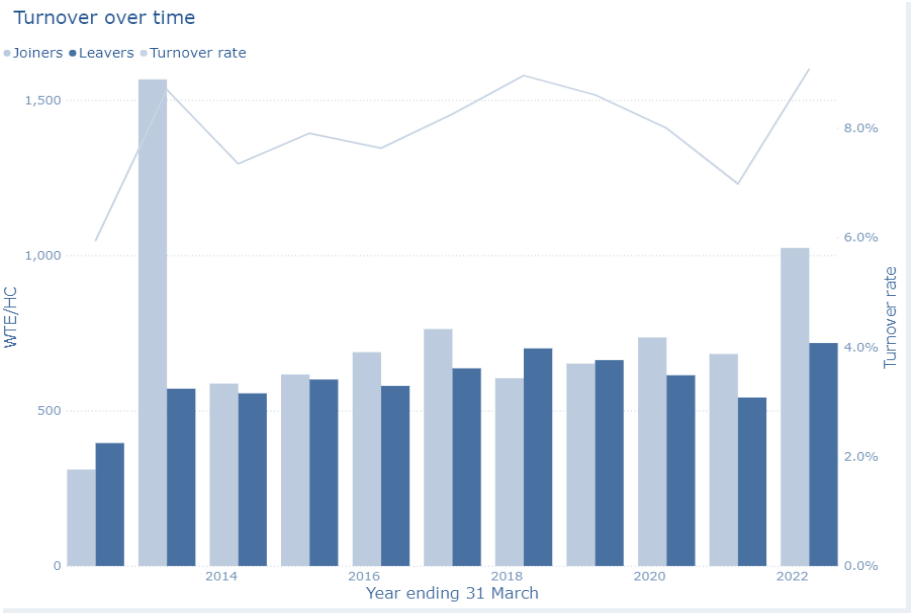
Turnover

NHS Highland demonstrated a fairly consistent annual turnover rate for substantive staff however some job families were masked within the annual rate.

Year ending	31 March 2020			31 March 2021			31 March 2022		
Country	Joiners	Leavers	Turnover	Joiners	Leavers	Turnover	Joiners	Leavers	Turnover
Scotland									
North									
NHS Highland									
Administrative services	192.6	120.3	8.2%	188.6	101.3	6.6%	265.2	176.9	10.9%
Allied health professions	55.2	57.7	10.0%	74.1	53.0	9.2%	82.4	66.8	11.2%
Ambulance support services	1.0							1.0	100.0%
Healthcare science	51.0	37.2	12.6%	38.0	27.9	9.0%	47.8	37.5	11.8%
Medical & dental	61.4	44.0	10.8%	66.9	43.0	10.2%	88.9	64.0	14.3%
Medical & dental support	4.7	15.8	9.5%	22.2	8.9	5.9%	17.1	13.4	8.2%
Nursing & midwifery	331.0	234.6	7.6%	330.8	288.5	9.1%	451.8	334.8	10.4%
Other therapeutic services	39.0	26.1	11.3%	39.1	24.2	10.0%	47.9	29.4	11.4%
Personal & social care	247.5	56.3	13.9%	102.3	57.5	9.6%	177.1	94.0	14.6%
Support services	89.5	83.0	10.2%	68.9	62.4	7.7%	118.3	98.5	12.0%
Unallocated / not known	18.7	265.1	49.4%	25.8	35.0	12.3%	30.2	77.0	28.1%

Personal and Social care remains high and currently sits at more than double of the Boards annual rate.

As we move through 2022 turnover rates have increased and is on an upward trend, reflecting a buoyant job market and a high level of retirements as a result of our aging workforce. We're working on our plans for flexible retirement to ensure those who wish to keep working in a reduced capacity are supported to do so. 2021 saw a reduction of leavers and it is suspected that colleagues choose to stay in post longer to support the workload pressures during the pandemic. Colleagues allocated to the 'unallocated / not known' are Adult Social Care colleagues who were in the process of being transitioned across to Agenda for Change from their Highland Council contracts following integration.



There are a number of areas of focus to better understand why people leave and to put actions in place to improve our retention rates, in addition to support those in post to retain them and support them prior to leaving. There is a vicious circle with turnover in that high rates of leavers, with poor attraction rates, leaves high rates of vacancies, on top of absence rates that are high in small teams, that creates further burnout and more leavers.

Recruitment, retention and succession planning is critical to ensure NHS Highland's workforce is sustainable. In recognition of our challenges, and to draw together a cohesive approach to attraction, recruitment, retention and succession planning across the whole workforce, the Workforce Planning Team supported the facilitation of 3 individual workshops in 2021 each one focusing on Retention, Succession Planning or Recruitment and Attraction. Each workshop took similar form, hosted on MS Teams, with group breakout rooms, to identify the key issues and challenges faced across the Board, an opportunity to identify the ideal state. The outputs were themed and help to inform the priority actions within the People Strategy.

Our commitments are to transform our attraction, recruitment and onboarding approach to position us as the Employer of Choice and to work in partnership with education and training providers, schools and communities to create wide ranging and well publicised career pathways and apprenticeships for our core roles. In addition NHSH is committed to using the CultureAmp survey platform for exit questionnaires, maximising the systems accessibility and usability to increase the percentage of exit questionnaires returned by leavers which will then further inform retention activity throughout the organisation.

Key Services

There is an immediate pressure to ensure that existing workforce numbers are sufficient to meet current demand, but there also has to be a longer-term consideration of whether the current workforce can achieve the ambitions of future care models. Given the clinical, professional and financial importance of developing a workforce that is fit for purpose, and the cost and complexity of that workforce, it is vital that we really understand the nature of workforce pressures and what can be done to address them in both the short and the long term.

To deliver on each of our strategic objectives we have developed a set of 16 strategic outcomes and our perform, progress, and enable well areas. Each of these will be underpinned by the Annual Delivery Plan (ADP) that will help us move towards achieving our vision and mission. These outcomes set out the direction for the next five years in relation to providing care closer to home, delivery of sustainable care, and putting our population, their families, and carers at the centre however this ADP focuses on year one. The below demonstrates the Key Services, Job Families, Keys Risks and the Programme Board that will hold oversight of each action plan.

AMBITION	DESCRIPTION	KEY SERVICE(S)	JOB FAMILY	KEY WORKFORCE RISKS	PROGRAMME BOARD
START WELL	Give every child the opportunity to start well in life by empowering women and their families through information sharing, education and support before and during pregnancy	Maternity & Neonatal Services Mental Health Services Primary Care Sexual Health Services Public Health *In partnership with Highland Council and Independent Sector*	Nursing & Midwifery Medical Allied Health Professionals Pharmacy Administration	Age Profile of Midwives Student numbers on courses Supply of NQPs not meeting gaps Fragility of AHP Professions Long term vacancies Fragility of staffing in GP Practices Community pharmacy workforce not NHSH employees National shortage of specialist skilled staff Clinical space limiting expansion/appropriate use of workforce	Women & Families Board
THRIVE WELL	Work together with our families and our partners to build truly integrated early years services that will help build resilient communities that support our children and young people to thrive.	Public Health Maternity & Neonatal Service Mental Health Service Acute Services Sexual Health Services *In partnership with Highland Council*	Nursing & Midwifery Medical Allied Health Professionals Pharmacy Administration	Age profile of Community Paediatric Workforce Fragile AHP Professions National shortage of suitably qualified staff Long term vacancies Staff retention and morale Clinical space limiting expansion/appropriate use of workforce	Women & Families Board
STAY WELL	Work alongside our partners to support the development of sustainable and accessible health and care systems focused on prevention and early intervention.	Public Health North Highland HSCP Argyll & Bute HSCP Sexual Health Services Mental Health Primary Care	Nursing & Midwifery Medical Personal & Social Care Allied Health Professionals Administration Pharmacy Healthcare Sciences	Vaccination role drawing staff from other roles Community pharmacy workforce not NHSH employees Demand for Pharmacists outstrips availability/capacity Clinical space limiting expansion/appropriate use of workforce Longstanding recruitment challenges in independent sector High turnover Care homes/Care at Home National shortage of specialist skilled staff	Vaccination Board
ANCHOR WELL	Act as an anchor for the benefit of our local communities and recognise that we can positively contribute in many ways beyond	Public Health Primary Care Corporate Services	Nursing & Midwifery Medical Administration		Population Board

	health and care through greater co-production with our communities as equal partners.	*In partnership with Third Sector*	*In partnership with all Job Families*		
GROW WELL	Ensure that all colleagues are supported to be successful in their role and are valued and respected for the work they do. Everyone will be clear on their objectives, receive regular feedback and have a personal development plan.	Corporate Services *In partnership with all NHS Services*	Administration *In partnership with all Job Families*	*Workforce risks and implications as per all ambitions and NHS Highland Workforce Plan.*	1.Embedded within Boards 2.People Board
LISTEN WELL	Work in partnership with colleagues to shape our future and make decisions. Our leaders will be visible and engage with the wider organisation, listening to, hearing, and learning from experiences and views shared.	Corporate Services *In partnership with all NHS Services*	Administration *In partnership with all Job Families*	*Workforce risks and implications as per all ambitions and NHS Highland Workforce Plan.*	1.Embedded within Boards 2.People Board
NURTURE WELL	Support colleagues' physical and mental health and wellbeing through all the stages of their life and career with us. We foster an inclusive and kind culture where difference is valued and respected.	Corporate Services *In partnership with all NHS Services*	Administration *In partnership with all Job Families*	*Workforce risks and implications as per all ambitions and NHS Highland Workforce Plan.*	1.Embedded within Boards 2.People Board
PLAN WELL	Create a sustainable pipeline of talent for all roles, and excel in our recruitment and onboarding, making us an employer of choice both locally and nationally.	Corporate Services *In partnership with all NHS Services*	Administration *In partnership with all Job Families*	*Workforce risks and implications as per all ambitions and NHS Highland Workforce Plan.*	1.Embedded within Boards 2.People Board
CARE WELL	Our ambition is to put people, families and carers first to ensure that, in partnership with our local health and social care partners, care is delivered and experienced in an integrated way 'without boundaries'	Primary Care Adult Social Care Community Services Acute Services *In partnership with Volunteer Services and the Independent Sector*	Pharmacy Nursing & Midwifery Medical Dental Community Optometry Personal & Social Care Allied Health Professionals Administration Healthcare Sciences	Community pharmacy workforce not NHSH employees Expanding National Enhanced Services within community. Remote and rural challenges not accounted for by funding models. Fragility of Medical and Dental staffing levels Long standing recruitment challenges in the independent sector High turnover Care homes/Care at Home Fragility of AHP services Fragility of ASC workforce 24/7 service requires increased workforce establishment	Adult Social Care Programme Board
LIVE WELL	Ensure that both physical and mental health are on an equal footing, to reduce stigma surrounding mental health and enable all our staff, whatever area they work in, to embrace conversations about mental health and wellbeing.	Primary Care Acute Services Mental Health Services Community Services Corporate Services *In partnership with Third Sector*	Nursing & Midwifery Medical Allied Health Professionals Pharmacy Psychology Healthcare Science Personal & Social Care Administration	Neuro-developmental service High vacancy rates across mental health roles Challenge of providing 7 day service Capacity/protected time to train staff Recruitment challenges to MHWPC Service across remote and rural areas.	Mental Health Programme Board
RESPOND WELL	Ensure that our services are responsive to our population's needs, and we adopt a "home is best" approach	Primary Care Community Services Acute Services I*n partnership with NHS 24 / Scottish Ambulance Services*	Nursing & Midwifery Medical Allied Health Professionals Pharmacy Healthcare Science Personal & Social Care Administration	Fragility of AHP services Community pharmacy workforce not NHSH employees Long standing recruitment challenges including the independent sector Additional skills required by workforce Capacity/protected time to train staff Challenge of providing 7 day service	Unscheduled & Urgent Care Programme Board
TREAT WELL	Provide person centred, safe, compassionate and clinically excellent	Primary Care Community Services	Nursing & Midwifery Medical	Additional skills required by workforce to meet patient need Long term vacancies National shortage of specialist skills	Scheduled Care Programme Board

	scheduled care in a timely manner as close to home as possible.	Acute Services Mental Health Services Corporate Services I*n partnership with NHS Territorial Boards / Scottish Ambulance Services*	Allied Health Professionals Pharmacy Healthcare Science Personal & Social Care Administration	Capacity/protected time to train staff	
JOURNEY WELL	Transform our approach to those living with or beyond cancer and support earlier detection to increase survival over 5 years. Transform our approach to long term conditions to develop person centred, co-ordinated care to help people achieve the best outcomes possible.	Primary Care Acute Services Community Services Public Health	Medical Nursing & Midwifery Pharmacy Allied Health Professionals	National shortage of specialist skills Capacity/protected time to train staff Additional skills required by workforce to meet patient need Long term vacancies	Cancer Programme Board
AGE WELL	Ensure people are supported as they age to promote independence, choice, self-fulfilment and dignity	Primary Care Adult Social Care Community Service Acute Services Mental Health Services	Nursing & Midwifery Medical Allied Health Professionals Pharmacy Personal & Social Care Administration	Long term vacancies National shortage of specialist skilled staff Additional skills required by workforce	Age Well Programme Board
END WELL	Support and empower our population and families at the end of life with appropriate care and choice at this time and beyond.	Primary Care Adult Social Care Community Service Acute Services *In partnership with Third Sector*	Nursing & Midwifery Medical Allied Health Professionals Pharmacy Personal & Social Care	Ageing Workforce Long Term Vacancies Challenge of providing 24/7 service Additional skills required by workforce to meet patient need Fragility of GP staffing levels	Palliative & End of Life Care Programme Board
VALUE WELL	We will value the role that carers, partners in third sector and volunteers bring to improving experience and their individual expertise.	All NHS Services *In partnership with Third Sector*	All NHS Job Families	Ageing Workforce	1.Embedded within Boards 2.Executive Directors Group

Common Workforce Drivers

In common with many Scottish Boards, NHS Highland faces a challenge in maintaining a suitably trained workforce over the next 5-10 years. Demographic patterns have a direct impact on the available workforce and have created an imbalance between the supply and demand in critical services. For certain professions it continues to be extremely difficult to recruit the right staff in the right quantities.

Direct engagement with a range of professional leads and managers either through workforce plans, workshops, one-to-one meetings and workstreams we have enabled the identified key drivers and the workforce challenges that need to be addressed through this strategy.

Common workforce drivers and challenges that span multiple job families have been themed below:

Common Drivers
Embedding the NHS Highland Workforce Planning Cycle
Defining key data metrics and associated outcomes
Delivering new models of care services and within financial limitations
Diversification of workforce
Roster efficiencies / Implementation of eRostering
Post covid treatment backlog
Embracing changes in technology
Changing demographics, both workforce and population
Health and Care (Staffing) (Scotland) Act 2019
Increasing the future workforce pipeline/grow our own
Alternative roles in areas experiencing long term vacancies

Common Challenges/Risks
Attraction & Recruitment
Retention – high turnover / staff moving between services
Lack of succession planning and workforce planning
Accommodation both for employment and placements (lack of affordable housing)
Age profile of workforce
Work/life balance
Lack of career entry pathways / apprenticeships
Reduction in student numbers
Poor utilisation of the careers framework to support career long learning and development and transitions between roles
Financially constrained environment / management of fixed term posts
Reliance on supplementary workforce / roster gaps / pressures on existing staffing
The availability, validity and reliability of workload tools
Predicated Absence Allowance (PPA) only allocated to Nursing
Lack of ability to support staff training and development, no protected learning time
Impact of inability to sustain independent contractors' services

Strategic Workforce Risks

Following engagement with services across geographical areas; community and acute services; and professional job families we have identified common themes where there are areas of challenge that will impact on our current and future workforce and the way we plan our services. Taking into account the data nationally, regionally and locally the key themes below outline strategic risks that span multiple job families and working environments.

Risks by Pillar

The key to achieving the outcomes, underpinned by a tripartite ambition of Recovery, Growth and Transformation is through the five pillars of the workforce journey: Plan, Attract, Train, Employ and Nurture as presented in the Workforce Planning National Strategy. The following classifies our risks under each of the pillars:

Pillar	Risk	Why this matters…
Plan	Cost of Living	The current cost of living is impacting whole health and social care system and our workforce. There will be wider implications as the cost of living continues to rise. The cost of fuel for transport and travel is currently at a record high. The mileage rate reimbursement for community workers travelling long distances to see patients/ supported persons may not be enough to cover the cost of fuel, and we cannot ask staff to absorb this cost. The cost of living crisis is likely to exacerbate in work poverty.
	Pensions	The impact of lifetime pensions allowance particularly on medical staff implication is that medical staff reduce their working hours and this creates headcount vs WTE issue when the output from training programmes is headcount. This will impact on service provision.
	COVID	COVID prevalence is ongoing and future unclear on what it means for our general population and health of our own staff. In Scotland self-reported long COVID rates are 1.5%. Healthcare staff at higher risk of contracting COVID.
	Age profile of workforce	As staff are working for longer, they may be impacted by health conditions so may require support with health related conditions at work. Within the age profile in senior posts and small specialised team succession planning 'hotspots' can be highlighted, and we need to acknowledge the fragility of small teams and single points of failure to create robust plans to ensure continuity of services.
	Funding	Redesign, replacement and planning, in some parts of the organisation will be a real challenge due to funding limitations. Funding is not available for professions outwith Nursing and Midwifery, this causes a pressure for services re planning as no funding is available to cover for Maternity Leave, Study Leave, Sickness Absence, Annual Leave. Currently Predicated Absence Allowance (PAA) of 22.5% for Nursing and Midwifery posts only
	Agenda for Change	Lack of workforce planning historically, now puts pressure on our internal processes such as Agenda for change job matching and recruitment due to the level of demand and pressure put on the teams providing those functions
Attract	Fixed term funding/ Fixed term posts	There is difficulty in recruitment across all job families, and posts are not attractive on fixed term basis, people won't relocate for fixed term position. Fixed term funding impacts on workforce planning to support long term service delivery.
	Accommodation	Lack of affordable housing for sale and or long term lets for incoming employees resulting in failed offers of employment. In additional lack of short/medium term lets for those who are on placement, with placements then being held in other HSCPs/Boards. The issue is more acutely felt in remote areas where there is a more dispersed population and housing.
	Decreasing local labour availability	Labour market analysis above indicates a decreasing availability in the local pool across all sectors. When trying to recruit to specialist roles, we can't compete with the salaries in the private sector. NHS reward packages are not as competitive as the private sector in some already hard to fill posts, for example estates specialised trades, IT. There is a need to focus our efforts to attract skilled healthcare professionals to the area.

	Reduction in student numbers	Our education infrastructure needs developed to provide courses that produce a local output of professional roles. We need provision of education that can upskill and develop our current workforce to meet the needs of the organisation
Train	Job Pathways	There is a lack of clear job pathways both internally and externally for candidates. Without clear structures for progression, we lose staff and potential candidates to other employers. There is a need to develop pathways that encourage young people to enter the local workforce rather than leaving to train elsewhere and possibly not returning to local area. There needs to be more of a strategic approach to education and development opportunities and pathways, and for more specialised roles we would like to encourage rural generalist as a specialty with support to develop and maintain skills.
	Training availability and infrastructure	There is a lack of training availability locally and nationally across many specialisms impacting on development and service provision. Training and support – infrastructure for trainees and develop career progression. NHS Highland is working in partnership with HEIs and FEIs as well as the NHS Scotland Academy to shape programmes and pathways however a greater emphasis is required from our Senior Leadership colleagues.
	Protected Time	There is lack of development or uptake of Job planning to include minimum protected time for CPD and clinical/ professional supervision across many professions. Protected learning time for mentors, supervisions and learners.
Employ	Workforce availability	The majority of our job families highlight the recruitment of staff is compounded by a lack of specialist workforce availability locally and nationally. In addition, our workforce profile demonstrates an aging workforce and therefore flexibility is required to ensure we keep skilled staff working for longer in alternative capacity.
	Recruitment	There are recruitment challenges across all job families. There is a need to reduce time to hire to reduce the risk of losing candidates to other roles and our current notice period of 4 weeks is insufficient for our core professional roles. The recruitment system itself alongside our lengthy agenda for change job descriptions means that we are creating additional barriers for applicants.
	Fragility of Teams	There is an increasing risk of the fragility of small teams, particularly vulnerable teams have a high age profile, cover rural areas, and are specialised. We need to acknowledge the fragility of small teams and single points of failure to create robust plans to ensure continuity of services.
	Supplementary staffing	Sustaining safe staffing levels and providing clinical specialist services is supplemented by agency, overtime etc. resulting from ability to recruit professional groups. There is significant roster gaps resulting in high pressures on existing staffing and high reliance eon supplementary staffing with little or no consistent service.
	Engagement	We don't currently have central coordination or a plan for engaging with potential employees for example, through proactive school engagement and work experience, the Department of Work and Pensions, Developing the Younger Workforce or other local initiatives. We also could maximise our volunteering as a route to training and future pathways. Failure to utilise the opportunities created by the development of international recruitment at national level
Nurture	Retirement Flexibility	People nearing the end of their career who have a lot of experience and may be in senior roles are leaving without clear succession planning to fill their roles. We need more flexibility in retire and return options for those who wish to come back. Our lower banded roles tend to retire at a later age than those in higher bands.
	Post COVID burnout	Employee health and wellbeing, COVID impact and aftermath, Stress due to workload increases, caused by absence and vacancies particularly in small teams. Unclear of long term implications of COVID. Healthcare staff more at risk due to nature of job.
	Increase Demand	External factors impact on workforce mental health, capacity, unpaid careers stress as well as increased patient acuity changes the demands across teams often teams are facing an increased demand.

	Culture	Culture has an impact on current staff and recruitment. Failure to create an open honest, supportive culture will impact recruitment and retention of our workforce. Failure of the organisation to have a culture, systems and processes in which staff feel safe and confident to speak up and raise concerns and ideas for improvement.
	Health and Care staffing Act	Failure to meet with requirements of the Act and demonstrate the duties will result in unsafe staffing levels, non-supported risk escalation processes and high pressured workload on available staffing on duty.

Workforce Action Plan

As highlighted earlier a key focus for this Workforce plan is the four ambitions within **Objective 2: Our People** of the Together We Care Strategy. The four ambitions within objective 2, aligned to the pillars of the national strategy, forms clear actions and outcomes over the coming years. These are still in development, as part of our ongoing strategy planning, with initial focus having been on our next 12 – 18 months.

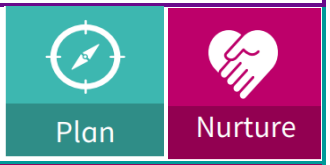
Strategic Ambition: Grow Well
Ensure that all colleagues are supported to be successful in their role and are valued and respected for the work they do. Everyone will be clear on their objectives, receive regular feedback and have a personal development plan

Priority a	Develop and implement a system to ensure all colleagues have clear objectives linked to our strategy, a development plan and regular performance conversations which feed into a robust talent and succession planning process	
Action	**Outcome**	**Measuring success or target**
Implement strategy aligned objectives and appraisal for Senior Managers	All senior leaders (ESM C+, AFC 8C+) have their 2022/3 performance measured consistently on what and how they have delivered against the strategy and ADP	Completion of TURAS appraisal process for this cohort by 31 July 2023
Develop and pilot succession planning tools	A talent and succession plan will be in place for our exec posts, aligned to the national leadership success profile and our strategy and values	Exec succession plan reviewed and approved by Remuneration Committee by 31 March 2023
Develop standard strategy aligned objectives for core roles in each profession	Core objectives and support materials are in place, which make it easy for managers and colleagues to tailor and use to drive consistent performance conversations and appraisal in 2023/24	Core role objectives aligned to strategy and values and support materials are approved and ready for roll out on 1 April 2023
Guidance and Support in place for managers to deliver the appraisal and PDP process	A performance and development guide and online training is in place, including how to have good conversations, how to assess performance, how to identify development actions and how to record on the TURAS system	Guidance and training is launched by 28 February 2023, ready for performance year 2023/24
Priority b	Embed Promoting Professionalism and Civility Saves Lives within the organisation, to ensure colleagues and patients are valued and respected and issues can be quickly and effectively raised and resolved locally	
Action	**Outcome**	**Measuring success or target**
Design our programme for promoting professionalism	Working in partnership with Vanderbilt University, we will have our programme approved, funded and underway to train key colleagues and to launch the first phase of our Promoting Professionalism Peer Support and Reporting	Funding approved, project team recruited and in place, project plan approved and first phase training complete by 31 March 2023
Embed thecivility principles and offer training to support this	Widespread adoption of the Civility principles across our clinical, care and support teams, through posters, social media engagement and uptake of training and awareness sessions	Increased volume of interactions with our social media channel, Good uptake of awareness and training sessions

Ongoing promotion of our Whistleblowing Standards and Guardian Speak Up service	All colleagues across NHS Highland understand and are confident to raise concerns via Speak Up Guardian service and via our Whistleblowing route and are supported to do so by local leaders	Engagement with ongoing Guardian / WB Champion visits Increased uptake of services Increased uptake of WB TURAS modules
Priority c	Build a mature and resilient safety culture and systems to protect our colleagues and patients and enhance the quality of our services, whilst maintaining high levels of compliance and reducing risk	
Deliver recommendations in Health and Safety Annual report reviewing our 2021 performance and compliance risks	Key recommendations from the 2021 H&S annual report have been progressed and progress is noted towards improving our safety culture maturity level	Annual report for 2022 published in March 2023 showing improvement against 2021 recommendations Health and Safety policy revisions approved and in place by Dec 2022
Deliver health and safety leadership and management training to all levels of leadership and management (Levels 5 to Level 1) Executive to Middle Managers will undertake accredited Safety Leadership training Frontline Managers and Supervisors will complete the Health and Safety Management within TURAS	All supervisors and managers are capable and confident in executing their duties in relation to Health and Safety in their teams and are proactive in identifying and resolving risks and issues that arise and have and contribute to effective systems of management in place locally	Completion of training by all identified senior managers by 31 December 2022 Launch of Health and Safety module for NHS Highland programme and initial priority cohorts delivered by 31 March 2023
Address poor statutory and mandatory training compliance through structured improvement programme	Improvement is starting to be seen, through both local management and all colleagues taking action on and responsibility for their team compliance, supported through programme-led initiatives to deliver the agreed support, data and infrastructure requirements, as identified in the audit actions	Compliance rates with online and face to face training show sustained improvement by 31 March 2023 Improvement plan is in place and on track

Strategic Ambition: Listen Well

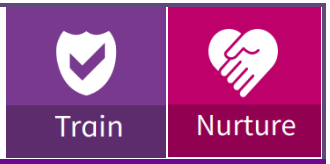
Work in partnership with colleagues to shape our future and make decisions. Our leaders will be visible and engaged with the wider organisation, listening to, hearing and learning from experiences and views shared.



Priority a	Listen to and work in partnership with all colleagues to shape our future and support decision making and continuous improvement	
Action	**Outcome**	**Measuring success or target**
Launch our listening and learning panels and undertaken a programme of engagement with them	An active panel of randomly selected colleagues from across our Board area have regular opportunities to contribute feedback and engage with development of our plans and priorities, giving us access to wider views and voices	Final recruitment to panels iscompleted - 31 August 2022 Programme of events is underway - 30 September 2022 Initial feedback and evaluation and plans for phase 2- 31 May 2023
Agree our sources of colleagues experience data and increase our insight and understanding in this area	We have a coherent plan to measure colleague experience, including scheduling our 2ndListening and Learning survey, Imatter, Listening and Learning Panel and implementation of our Onboarding and Exit surveys, with clear organisational level actions agreed and progress monitored and a wider range of data available to measure our progress	Imatter action planning completed -by 31 October 2022 Listening and Learning Survey 2 launched - by 31 March 2023 Onboarding and Exit surveys launched - by 31 October 2022 Colleague experience data reviewed and updated - 31 December 2022

Development of our People Service Centre approach to support colleagues and managers	A full scoping exercise will have been caried out to agree how we will deliver our service centre, with detailed plans and requirements developed and approved for a Phase 1 rollout, which will focus on supporting the people processes.	Detailed plans for phase 1 signed off - by 31 December 2022 Implementation underway - by 31 March 2023
Priority b	Have effective partnership working with all colleagues to maximise the value of collaboration to address opportunities, challenges, change and transformation	
Action	**Outcome**	**Measuring success or target**
Review of facility time and partnership working completed	The required resource and funding to support partnership working across NHS Highland will be agreed and implemented and a process in place to monitor and track usage of time and funding	Review completed and actions implemented - by 31 December 2022 Reporting on resource and funding in place - by 31 March 2023
Increase thenumbers of concerns being resolved as part of early resolution	Management, HR and trade union colleagues are capable and confident in using early resolution and are working collaboratively and proactively to quickly identify and address concerns which are suitable for early resolution, reducing the numbers of formal cases and improving the experience of all involved	Participate in partnership development sessions to improve knowledge and skills of early resolution - 31 December 2022 Tracking of early resolution data shows sustained uptake of this and reduced numbers of formal processes, across all policies. - 30 June 2023
Introduction to partnership working and the staff governance standards to be core part of induction for all colleagues	Learning content developed, approved and rolled out for online and face to face induction programme which informs and equips both colleagues and managers to better work in partnership to achieve the Staff Governance Standards	Initial content for corporate induction for managers delivered and operational - 31 December 2022 Colleague content and e-learning module developed and launched - 31 March 2023
Local Partnership Forums re-established and working effectively and widespread management engagement in partnership working at all levels	Each area has a dedicated Local Partnership Forum in place and working well, engaging with local managers , staffside, HR and professional leads, led by a senior manager, who is then part of the Area Partnership Forum	Local Partnership Forums in place, reporting progress to APF with the right level of attendance and working well - 31 December 2022
Priority c	Have robust structures and develop skills in teams for listening, communication, engagement and team working	
Action	**Outcome**	**Measuring success or target**
Team Conversations initiative has been rolled across a range of teams in NHS Highland	Teams who participate in this initiative will develop an action plan to enhance their team working with clear priorities, standards and behaviours they want to achieve, leading to improvements in colleague experience and the quality of service / care they deliver	Intervention delivered to minimum 20 teams by 31 March 2023 Engagement increases as measured by Imatter and L&L survey and absences / processes are reduced within teams who participate. Service / Patient complaints reduced within teams who participate
Co-produced valuesandbehaviours standards and guidance are available for colleagues and managers	Simple documents set out what colleagues and managers can expect and what we expect of them, in relation to the values and behaviours required at work. Examples will also support the performance management and development process	Colleague and manager values and behaviours charters are agreed and communicated - 31 January 2023 Supporting examples of positive practice and development needs at different levels / roles are available for appraisals - 31 March 2023
NHS Highland leaders demonstrate effective and visible leadership across all levels of their organisations	Each leader has consistent and dedicated time ringfenced to support the leadership of their own team, with a defined schedule of 1:1's, team meetings, communications and information cascades, feedback loops and engagement visits	Executive Directors to confirm the consistent adoption of these rhythms for their areas - 30 November 2022. Improved local engagement in Listening and Learning survey results

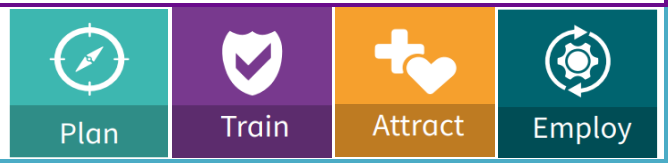
Strategic Ambition: Nurture Well
Support colleague's physical and mental health and wellbeing through all the stages of their life and career with us. We foster an inclusive and kind culture and workplace where diversity is celebrated.



Priority a	Create and deliver a health and wellbeing strategy and plan which ensures that colleagues can maintain good mental and physical health in delivering their roles, as well as being supported to recovery when unwell	
Action	**Outcome**	**Measuring success or target**
Develop and implement health and wellbeing strategy and plan	NHS Highland has in place a co-produced, approved, funded and well promoted and understood wellbeing strategy and plan. It will set out and oversee delivery of priorities for the next 5 years and lead to improvements in the physical and mental health and wellbeing of our colleagues across NHSH	Wellbeing strategy and plan approved by SGC / APF / Board and fully communicated by 30 November 2022. Initial improvements in absence rates and length of absence beginning to be seen by 31 July 2023 Achieve good take up of initiatives and support set out in the plan
Roll outa consistent agile working framework for use across NHS Highland	NHS Highland colleagues and managers have a clear framework for making decisions about agile working, aligned to our business needs, data is captured and reported on and informs our property strategy	Management actions from Agile working audit closed -31 October 2022 Guidance is in place and available to all colleagues - 31 October 2022 NHS Scotland terms and conditions for homeworking agreed and in place - TBC
Roll out of ourNHS Mental Health First Aid training across initial priority areas	A programme of training has been delivered to identified priority areas, which supports colleagues and managers feeling capable and confident in their understanding and skills in supporting with mental health issues in their teams	Initial roll out phase of training delivered - 31 March 2023 Evaluation carried out and further plan developed - 31 May 2023 Reduction in mental health related absences and duration - 31 July 2023
Developamenopause at work toolbox	Colleagues and advisors work together to develop a toolbox for supporting colleagues experiencing the menopause	Toolbox launched -31 March 2023
Priority b	Strive to create an inclusive workplace where all colleagues can expect to be treated with compassion, dignity and respect and where difference of any kind is valued and celebrated	
Action	**Outcome**	**Measuring success or target**
Develop our local networks to support inclusion and equality and ensure we are linked into national equalities agenda	We have clear understanding of and access to our diverse population across Highland and we know how they would like to engage with us and be supported and contributing towards driving our diversity agenda	Groups and forums in place with workplans and priorities set - 31 March 2023
Improving our data and insights on diversity	We have increased confidence that our colleague employment data reflects the diversity of our population and allows us to monitor and track their experience	Data validation exercise launched - 31 March 2023 Listening and Learning survey results analysed to understand impact of diversity on experience - 30 June 2023
Gaelic Language Plan approved and in delivery	Gaelic Language plan co-produced with key colleagues and approved at September board meeting and delivery of the core actions is on target	Gaelic Language plan approved -30 September 2022 Gaelic Language plan aims delivered - 31 July 2023
Courageous Conversations e-learning launched	Online Courageous Conversations e-learning is available to all colleagues to improve their skills and knowledge in delivering difficult conversations	Module is finalized and launched by 31 October 2022 Access to module is monitored and feedback sought - 31 March 2023

NHS Highland to work towards gaining or retaining relevant diversity accreditation	NHS Highland is actively progressing with achievement of Bronze Equally Safe at work accreditation, Exemplary Carer Positive accreditation and other priority diversity accreditation	Agreement of priority accreditation activity - 31 October 2022 Award of Bronze Equally Safe at Work standard - 31 August 2023
Priority c	Ensure all ofour supervisors, managers and leaders are trained and developed in their roles and responsibilities and embedding the principles of systems leadership to harness all of our capacity and capability	
Evaluation of impact of first phase of our leadership programme and agree priorities for future roll out and develop additional modules to support this	We fully understand how effective each 4 levels of our initial Leadership programme have been in achieving their aims, colleague experience and feedback and make recommendations for priorities for next phase of rollout out	Attendance levels and value added of the initial phase of activity Levels 1-2 - 31 October 2022 Levels 3-4 31 January 2023 Agreed rollout priorities and schedule in place for 2023 for Levels 1-2 - 30 November 2022 Levels 3-4 - 31 March 2023 Deliver additional modules for L&MD programme
Pilot Essentials in Management for new leaders in National Treatment centre	Content of Essentials course developed and approved for piloting with NTC and future rollout plan developed to ensure this can be made available before new managers take up post	Delivery of NTC pilot completed and evaluation - 28 February 2023 2023/4 rollout plan agreed - 31 March 2023

Strategic Ambition: Plan Well
Create a sustainable pipeline of talent for all roles, and excel in our recruitment and onboarding, making us an employer of choice both locally and nationally.



Priority a	We will develop and deliver against integrated workforce plans that enable sustainable service delivery and quality outcomes by using the best roles and skills to deliver health and care	
Action	**Outcome**	**Measuring success or target**
Co-production, publication and delivery against a workforce plan aligned to TWC and the 5 pillars, for both NHSH and A&B HSCP, with quarterly milestones for each key action/priority	NHS Highland and A&B HSCP have a clear agreed workforce plan in place which is aligned to our strategy, finances and performance requirements and which forms the basis of our workforce activity across 2022/3 and beyond	Increased level of manager engagement in WFP planning training - 31 July 2023 Delivery against the agreed WFP actions - 31 July 2023
Embed integrated service planning for service areas identified within the actions in the ADP	Priority areas have worked collaboratively to agree an integrated service plan setting out workforce, performance and finance requirements, with a focus on outcomes and these are being delivered against	Agreed number of integrated service plans in place - 31 July 2023
Develop data workflows with NES	Workflows in place thatenable dashboard development for trend analysis and benchmarking	
Define key workforce metrics for performance monitoring at management and governance committees including the People & Culture Programme Board	Revised suite of metrics in place to allow us to effectively monitor our progress against all of the strategic People objectives as well as our Staff Governance standards.	Phase 1 metrics in place for IPQR / SGC - 31 August 2022 Phase 2 metrics for People and Culture programme board - 31 December 2022 Further development of metrics - 31 March 2023
Improve data quality accuracy and timescales through regular data cleansing and training on our workforce systems.	Ensure that information gathered and held about our workforce is up to date and accurate, through training of those who enter data and through regular validation with colleagues.	Improvement in data quality and accuracy on all systems - 31 July 2023 Reduction in failed EESS transactions - 31 July 2023 Carrying out a data cleanse exercise - 31 May 2023 Good attendance at training offered on workforce systems

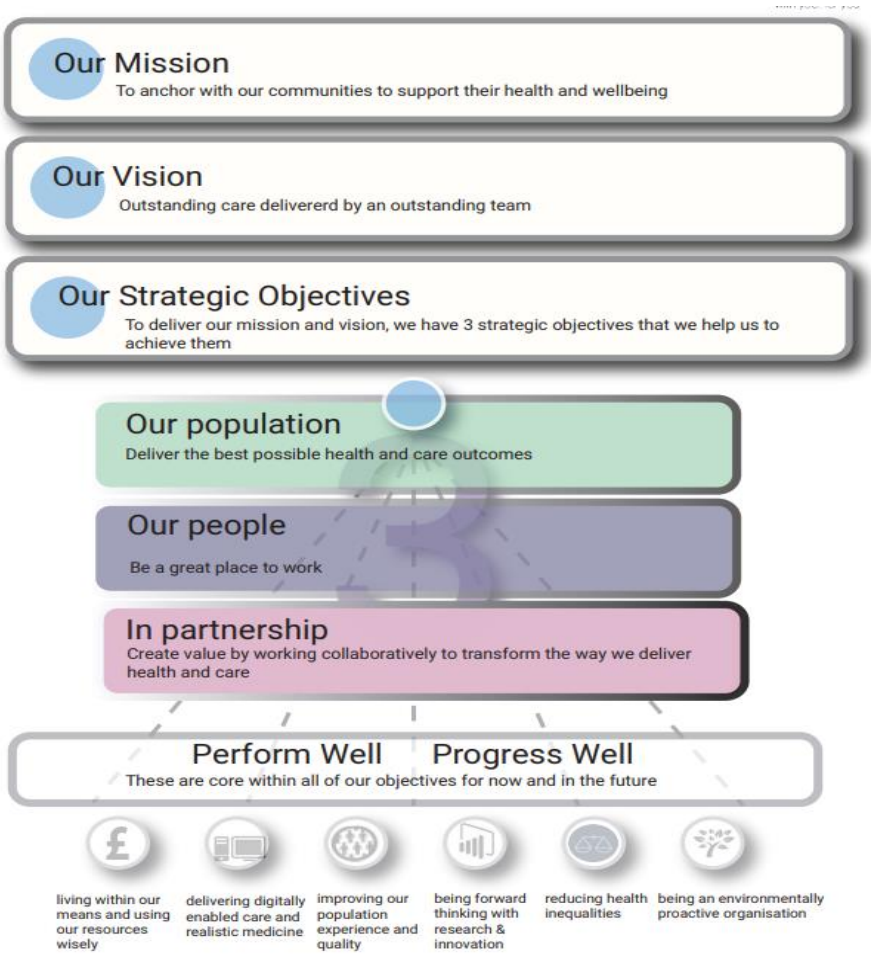
Priority b	Transform our attraction, recruitment and onboarding approach to position us as the Employer of Choice	
Action	**Outcome**	**Measuring success or target**
Development and launch of a consistent, in person Corporate induction programme for every colleague	Every colleague joining NHS Highland is offered an in-person full day Corporate Induction, each Monday, on their first day of employment, which can be delivered virtually if required, to ensure they are set up for success	First in person Corporate Induction event held by 31st October 2022 100% attendance for all new starts by 31 March 2023 95% compliance with stat man training for new starters by 31 March 2023
Deliveredand evaluatedhigh priority marketing campaigns – Aim High Aim Highland	Aim High, Aim Highland recruitment campaign delivers pan UK awareness and interest in our vacancies and leads to an increase in applications and appointments for key roles	Increased applications and appointments from our targeted recruitment and social media posts - by 31 December 2022 Increased brand engagement and awareness driven by our Tube and Central Scotland bus marketing campaign - 31 October 2022 NTC recruitment campaign delivers full establishment - by 31 March 2023
Deliver a programme of international recruitment of key professional roles in target locations	Evaluate and then build on our initial Zambian recruitment and expand our recruitment in particular to India and The Philippines for a small number of key hard to fill nursing posts working with trusted partners	Evaluation of Phase 1 Zambia recruitments - 31 March 2023 Develop a limited approach to India and Phillipine's recruitment - 31 December 2022
Developed and commenced delivery of recruitment and onboarding training and support materials	Equipping key hiring managers with skills, knowledge and expertise to effectively deliver recruitment and onboarding in a fair consistent and timely way, that is candidate focused	Initial training offering available -31 October 2022 Supporting materials and guidance for onboarding - 31 October 2022
Priority c	Work in partnership with education and training providers, schools and communities to create wide ranging and well publicised career pathways and apprenticeships for our core roles	
Action	**Outcome**	**Measuring success or target**
Develop and manage our NHS Highland apprenticeship strategy	Implement a single, consistent approach to apprenticeships across NHS Highland, to ensure we are maximizing use of these roles, have consistent roles and responsibilities to support them and centralise marketing, recruitment and onboarding to have the biggest impact.	Agreement of our strategy for apprenticeships and our plan for target recruitment for September 2023 intake - 31 December 2022 Launch our 2023 apprenticeship campaign - 31 March 2023 Successfully recruit target apprentice numbers - 31 August 2023
Identifydevelop and promote routes to work and careers with associated communication and engagement with schools, colleges and wider communities	Agree a single, consistent approach, plan and supporting materials for engagement with schools and offering volunteering and work placement opportunities across NHS Highland	Agreement of approach to schools - 31 December 2022 Piloting and review of approach and plan with some key schools 30 April 2023 Launch of our programme of engagement with all schools - 1 September 2023
Map out career pathway for Nursing and then utilise this template and approach for other professions and areas in future	Working with local and national professional leads, managers, education and training providers and develop a range of roles and career pathways and access points for nursing, both qualified and non qualified	Set up a working group to take this forward - 31 October 2022 Working group to deliver initial proposals for review and agreement - 31 March 2023 Piloting and evaluation - 31 July 2023
Work collaboratively to increase access to training and engagement leading to potential employment for vulnerable and under-represented people within our communities	Alongside our work with schools, also review our approach to volunteering, work shadowing and access to employment opportunities with wider communities and groups who face barriers to their access to training and employment	Develop a plan for engagement and activity for access to training and employment, working with public health and community and third sector partners - 31 March 2023

Implementation, Monitoring and Review

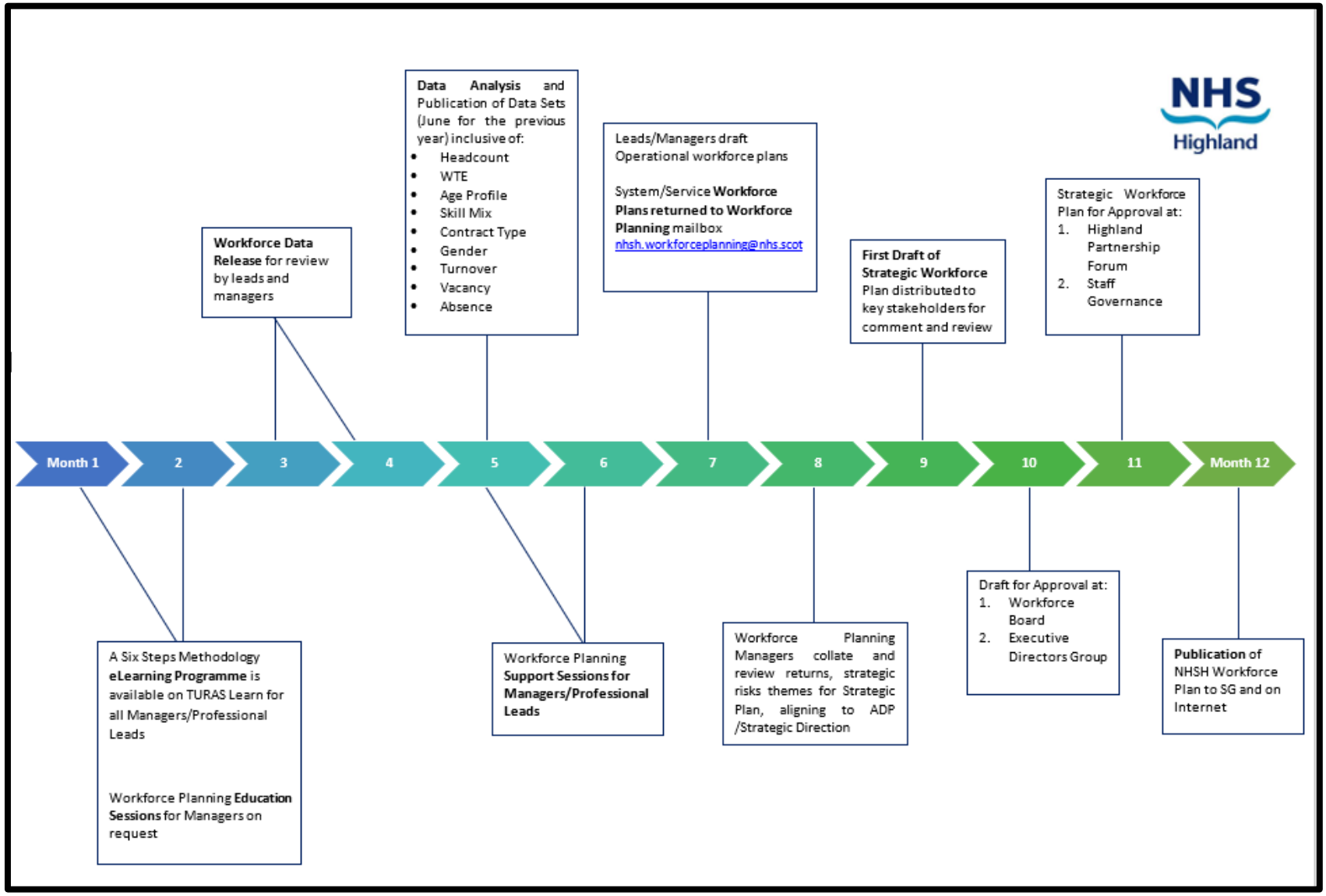
- Progress will be overseen by our People and Culture Programme Board chaired by the Director of People and Culture, with members drawn from key operational and professional leadership, subject experts and workstream leads, as well as staff side. This will replace the Workforce Board and the Culture Oversight Group.
- This will support ownership of culture transformation as part of our everyday business whilst providing oversight, support, direction and resource centrally to ensure we deliver against the key outcomes and intentions in strategy, ADP and workforce plan.
- Workforce data will be overseen through our strategic IPQR reporting and assurance reports to the Staff Governance Committee and the Board as well as a more detailed level of reporting to operational leadership and management groups.

Appendix 1: Together We Care, with you, for you

In order to adapt to our current and anticipated pressures we have collaborated and engaged to develop our 5-year Strategy: Together We Care, with you, for you. Each strategic objective and ambition have a clear set of outcomes and priorities that form the basis of implementation of our strategy. The following is our strategy at a glance:



Appendix 2: NHS Highlands Workforce Planning Cycle



Appendix 3: Key Detail by Profession

<table>
<tr><th colspan="3">PHARMACY SERVICES</th></tr>
<tr><th>Workforce Summary</th><th>Drivers</th><th>Risks</th></tr>
<tr>
<td>Headcount 221, WTE 196.8

95.1 % Permanent, 4% Fixed Term

10 fixed term contracts

60.2% Whole Time, 39.8% Part Time

30.6% over 50 years old

5.9% over 60

14% under 30

83.7% Female, 16.3% Male</td>
<td>These are aimed at transforming the role of Pharmacy across all areas of practice
Achieving Excellence in Pharmaceutical Care: Focusing on achieving excellence in improvement and integration of the provision of NHS pharmaceutical care, supporting the contribution of pharmacist and pharmacist technicians, enhancing roles and working together with other health and social care practitioners, to improve the health of the population
Regional project for Implementation of HEPMA and Wellsky (Pharmacy Stock Control systems)
Cancer Service Developments
Community Pharmacy contract changes by the Scottish Government
Additional services Pharmacy First; Pharmacy First Plus
Additional PGD (Patient Group Directives)
Flu Vaccination Programme and Travel Vaccination Programme
Redesign of Mental Health Services
Primary Care Modernisation/Pharmacotherapy
Care at home and Care Home service developments
Drug related death and chronic pain service developments
Pharmacy Education and Training developments - Undergraduate and Postgraduate
Pharmacy Technician Education and Training Developments
National Pre-Registration Pharmacy Technician Programme (PTPT)</td>
<td>In comparison to medicine and nursing, there is little national planning done on Pharmacy workforce projections
Retirements this year, with multiple further potential retirements within the next 5 years
Additional Designated Prescribing Practitioner (ADPP’s) required to provide sufficient mentorship to the IPs in training
Short supply of ADPP’s in Highland leading to patchy Pharmacy First Plus service with a lack of continuity of access to the service
Increased Acute pharmacy workforce risk due to increase in activity and introduction of new services (Covid, Vaccinations)
Managed service Foundation Pharmacists workforce is inadequate to fill the current vacancies and will not meet the requirement to fill any new roles
New opportunities for pharmacists living in Highland to work remotely across the UK (e.g. employment within the pharmaceutical industry)
Future changes to regulation of pharmacists and pharmacy technicians by General Pharmaceutical Council
Severe lack of Pharmacists (including locums) is resulting in unscheduled closures of community pharmacies. Patients are then severely affected as they are unable to access a pharmaceutical service from their pharmacy of choice on that day.</td>
</tr>
<tr><th colspan="3">Challenges</th></tr>
<tr><td colspan="3">Overall NHS Highland Pharmacy Services face an increased demand due to the development and redesign of services compounded with an increase in the number and complexity of medicines.
The delivery of a Pharmacotherapy Service based on expansion of Pharmacists and Pharmacy Technicians working in Primary Care
Delivering a seven day service in Acute hospitals with a funded five day service
Maintaining cancer pharmacy services against increasing demand
Recruitment, development and retention of pharmacists and pharmacy technicians in technical services e.g. QA and Cytotoxic Chemotherapy production
Recruitment to remote and rural locations is challenging and increasingly impacted by rising house prices and lack of supply of rental properties
Community pharmacy contractors are not NHSH employed resulting in difficulty with co-ordinated action across managed and contracted pharmacy services
Lack of ability to support staff training and development
Increased demand on time for Education and Training of student pharmacists against the requirement to deliver clinical services
Increasing length of experiential learning placements for undergraduate pharmacy students
Intake of Pharmacists to primary care requiring significant training for primary care work
Health and Care (Staffing) (Scotland) Act 2019 and the validity and reliability of need to be developed
National tactical plan for pharmacy across the sectors is a barrier to delivery
Nationwide increased demand for pharmacists and pharmacy technicians due to the development of roles in the managed service and other areas
Lack of national, dedicated and resourced recruitment pipeline for pharmacy support workers with recruitment and training being unstructured, ad-hoc and on the job</td></tr>
</table>

- Pharmacist Independent Prescribers required to provide an enhanced service to patients to further reduce the workload burden on GP's
- Lack of space in GP practices for Clinical Pharmacists to delivery face to face services

MEDICAL AND MEDICAL SUPPORT SERVICES

Workforce Summary	Drivers	Risks / Challenges
Headcount 594, WTE 468 80.7% Permanent, 19% Fixed Term 118 fixed term contracts 56.2 % Whole Time, 43.8% Part Time 46.2% over 50 years old 10.6% over 60 5.2% under 30 49.5% Female, 50.5% Male	• General Medical Services Contract • Clinical Prioritisation of Planned Care • Redesign of Urgent Care • Extended role for PH consultants • Cancer care • Regional solutions to service provision, Radiology, Psychiatry • Job Planning • GP Contract implementation • Primary Care Improvement Programme • Vaccination Transformation Programme • Remobilisation of GP Practice activity following COVID • Physician roles expansion to be explored • explore the use of Clinical Development Fellowships to support the wider medical workforce and train the future medical workforce.	• Difficulty recruiting • Funding insufficient to deliver the aims of the primary care contract • Inequitable service provision due to staff vacancies and inability to recruit. • Changes to JD working hours will impact on rotas and service provision • Junior doctor shortages/ rotation for junior doctors • Locum costs / consistent service • workforce impact of recent changes to pension schemes • out of hours cover - GP no longer obligated to deliver out of hours services / NHS to cover provision Fri 5pm-Mon8am or weekday evenings 6pm-8am • Fragility of staffing in GP practices/sustainability in particular out of hours services • Lack of information on Primary care workforce • Anecdotal age profile of GP workforce • Challenges recruiting GPs with the requisite depth and breadth of experience to rural practices • Challenges recruiting to all roles in the Primary Care Improvement programme, especially in remote locations where roles are part time. • Significant impact of lack of accommodation on recruitment to roles • Funding levels under PCIF, along with practice size and remoteness, impact on ability to development of an HSCP staffing model for Community treatment and Care services

ALLIED HEALTH PROFESSIONALS

Workforce Summary	Drivers Summary	Risks/ Challenges Summary
Headcount 746, WTE 618 94.8 % Permanent, 4.6 % Fixed Term 37 fixed term contracts 50.8 % Whole Time, 49.2% Part Time 33.2% over 50 years old 6.7% over 60 14.1% under 30 87.5% Female, 12.5% Male	• Need to develop portfolios/pathways to attract GPs, ANPs , and advanced AHPs and nurses in to Primary Care • Diversification of workforce, increasing the pipeline • Health and Care Staffing Act Implementation • PMO Roster efficiencies / implementation of eRostering • Unscheduled Care • Enhancing Community Services • Mental Health Strategy • Outpatient redesign (all patient facilities for community hospitals, acute, inpatient services) • Once for Scotland Rehabilitation strategy • SG AHP workforce review • Primary Care modernisation programme	• Clinical risks associated with non-compliance with professional registration ongoing training commitments - impact is on quality of care. • AHP Professions have fragile staffing levels • In the community specifically Dietetics, OT, Physio, Podiatry, Speech and Language Therapy • Podiatry (only 30 students graduating this year normally 100 and 27 employed by GGC already) • Increasing demand for AHP services and no commensurate workforce increase Nationally. • Lack of strategic approach to education and development opportunities and pathways • Lack of protected time for training • Lack of standardised approach to learning needs analysis and coherent priorities for development support to deliver and transform service • No local Higher Education providers offer AHP qualifications

		• No HEIs currently offer distance learning options to reach registration • Podiatry - 170 vacancies across NHS Scotland Boards and not counting private practice. Skills level not as previous years due to covid limitations during education • Workforce not established to provide backfill for planned leave and absences. Lack of agencies staff as expensive alternative workforce • Poor utilisation of the careers framework to support career long learning and development and transitions between roles • Lack of skills and capacity within the workforce in research. QI and education
NURSING		
Workforce Summary	**Drivers**	**Risks/Challenges**
Headcount 3629, WTE 3052.7 95.4 % Permanent, 4.6% Fixed Term 169 fixed term contracts 46.9% Whole Time, 53.1% Part Time 41.2% over 50 years old 9.5% over 60 14.2% under 30 90.8% Female, 9.2% Male	• Palliative & end of life care provision • Vaccination Transformation programme • Excellence in Care • Transforming Nursing Roles • PMO Roster efficiencies / implementation of eRostering • International recruitment	• Long term gaps in band 5 provision • Unsufficiant pre-registration nursing places • Demographic analysis of workforce shows high percentage of nursing staff can retire in next 2 years if they choose to do so • Ongoing reliance on locum and agency staff • Reassignment of staff • Demand uncertainty given the ongoing risks of the pandemic including interdependencies • Nursing/ District Nursing Workforce availability • Management of and impacts of fixed term posts (COVID funded) • High levels of vacancies particularly in smaller rural teams • Lack of affordable housing in some areas e.g. Skye and Lochaber • Challenges in recruitment and retention of NMAHP advanced practice posts • Inability to provide consistent skills mix in rosters across the week
MIDWIFERY		
Workforce Summary	**Drivers**	**Risks/Challenges**
Headcount 245, WTE 192.1 96.3% Permanent, 3.7% Fixed Term 9 fixed term contracts 32.7 % Whole Time, 67.3% Part Time 43.3% over 50 years old 6.5% over 60 12.2% under 30 100% Female, 0% Male	• PMO Roster efficiencies / implementation of eRostering • Best Start - the Continuity of Carer model • Proposed pathway between services in Dr Gray's Hospital and Raigmore Hospital • Redesign of Raigmore Hospital Maternity Unit/Community Hubs • Increase in demand for home births and out of hours midwifery service provision	• NHS Highland currently has a registered midwife vacancy rate of 22% with vacancy rate in North Highland area being the higher than A&B. The main consultant obstetric unit has a vacancy rate of 27% with rate being as high as 40% in some of the smaller remote and rural Community Midwifery Unit teams. This poses a risk for sustainability of out of hours services and provision of local birth service in the CMUs and community areas • Supply model of newly qualified midwives not meeting demand. National shortage of midwives, so very competitive market across Scotland • Ratios of experienced midwives to newly qualified midwives (Raigmore) • Midwives being attracted into higher banded posts such as Health Visiting and Family Nurse Partnership • Workforce availability including bank and agency • High levels of vacancies particularly in smaller rural teams • Lack of affordable housing in some areas e.g. Skye and Lochaber

HEALTHCARE SCIENCE		
Workforce Summary	**Drivers**	**Risks/Challenges**
Headcount 350, WTE 322.8 95.4 % Permanent, 4.6% Fixed Term 16 fixed term contracts 75.7% Whole Time, 24.3% Part Time 36.9% over 50 years old 8% over 60 13.7% under 30 58% Female, 42% Male	• Equipment changes and additions • Standardisation of working practices across the network • Increased demand - automation, rural service, home monitoring devices for patients • Online (NearMe) clinics	• Diverse workforce covering many disciplines • National/international shortage of some professions • Capacity/protected time to train staff
PSYCHOLOGY		
Workforce Summary	**Drivers Summary**	**Risks/ Challenges Summary**
Headcount 95, WTE 80.5 79.2% Permanent, 20.8% Fixed Term 20 fixed term contracts 48.4% Whole Time, 51.6% Part Time 40% over 50 years old 10.5% over 60 8.4% under 30 85.3% Female, 14.7% Male	• Psychological Therapies Improvement plan – 3 year plan • Recovery and Renewal fund • increase capacity in primary care • Integration psychological services • Increase capacity in services to address lower tier PT • Meeting the PT Waiting Times Standard • Clearing waiting lists	• Lack of available Psychology workforce • Data accuracy issues around waiting times and services • Systems and infrastructure supporting patient pathways need development • Data inaccuracies contribute to difficulties in waiting list management for the right service • Inability to recruit to posts impacts on service provision • Patients on wrong pathway risk delays in care • Fixed term funding for some services
DENTISTRY SERVICES		
Workforce Summary	**Drivers Summary**	**Risks/ Challenges Summary**
Headcount 226, WTE 173.6 95.2 % Permanent, 4.8% Fixed Term 11 fixed term contracts 32.7% Whole Time, 67.3% Part Time 38.1% over 50 years old	• Remobilisation of dental services • Anticipation of Scottish Government changes to GDP contract • Oral health improvement • Equitable provision of services post remobilisation • Opportunities to reintroduce trainee Dental Nursing posts to the PDS establishment.	• Recruitment challenges compounded by early retirements • Insufficient number of Dentists to meet the demand for NHS services due to delayed graduation of current final year students to 2022 • Funding for General Dental Practitioners has not yet returned to the pre-covid arrangements • Timescale required to increase skill mix through mobilising greater numbers of Hygienist/Therapists • Difficulty in providing accurate workforce data on GDP contractors to understand independent provision

4.9% over 60 4.9% under 30 91.2% Female, 8.8% Male		• Lack of provision of routine care • Accessing and funding additional training to upskill the workforce
PERSONAL SOCIAL CARE		
Workforce Summary	**Drivers Summary**	**Risks/ Challenges Summary**
Headcount 1081, WTE 820.3 98.4% Permanent, 1.6% Fixed Term 17 fixed term contracts 31.6% Whole Time, 68.4% Part Time 57.6% over 50 years old 22% over 60 8.2% under 30 90.7% Female, 9.3% Male	• Social Work protective statutory duties increasing • Community led hubs • Unscheduled and scheduled care • Increasing complexity of care in community • Recovery of Services coming out of COVID pandemic • Ongoing management of COVID in both services and the workforce • Continued focus on infection prevention and control • Development of mobile response team within Care at Home • Establishment of nursing leadership roles to provide oversight and support for Care Homes • Maximising and continuing to develop partnership approaches with independent social care sector in, for example, attraction and recruitment • Impact of unidentified and unmet health care needs on the demand for service • Consideration of NCS and implications • Mental Health redesign • Social Work Management structure review	• No national workforce tool for social work • Registration requirements of social care workforce • Longstanding recruitment challenges in independent sector • Ongoing management of services with COVID absences • Recruitment to all social care roles, including social care in the independent sector • Patient flow • Reduction in the availability of care home beds • There has been no Highland-wide review of the “social work workforce” since Integration (2012) • Significant variation in terms of provision of all funded social work posts against whole Highland population and variation in terms of provision of qualified social work posts against >65yo populations • increases in demand • High turnover within Care Homes. • Increasing complexity of care in community requires funding for Care Response Teams (CRT) to meet demand • Difficulty recruiting to Social Work positions • Waiting list for adult social care qualifications (HNC/SVQs) for SSSC
ADMINISTRATION		
Workforce Summary	**Drivers Summary**	**Risks/ Challenges Summary**
Headcount 2111, WTE 1707.7 92.2% Permanent, 7.8% Fixed Term 164 fixed term contracts 53.5% Whole Time, 46.5% Part Time 50.3% over 50 years old 15.4% over 60 9% under 30 85.5% Female, 14.5% Male	• Finance new approach to band 3 recruitment - not insisting on qualification but offering the opportunity to train on the job - more generalist role can work across 'silos' • eHealth potential restructuring, are currently in an ‘agency spiral’ as can't recruit skilled staff (wages), exploring automation including chatbots • eHealth, future switch from server based to Cloud based infrastructure will impact on roles and training requirements • Procurement adopting national structure, band 4 will be starting point and will lose 2s and 3s, becoming more strategic than operational	

	• People & Change - people partners, changes to structure of people services, changes to recruitment including international recruitment post • Public Health - focus on anchor organisation role, refugees	

SUPPORT SERVICES		
Workforce Summary	**Drivers Summary**	**Risks/ Challenges Summary**
Headcount 1145, WTE 848.4 97.7% Permanent, 2.3% Fixed Term 26 fixed term contracts 43% Whole Time, 57% Part Time 59.9% over 50 years old 24.1% over 60 8.9% under 30 60% Female, 40% Male	• New roles in Estates - multi-trade skilled workers and a new C&G qualification to train them • Employability and Refugee agenda for entry level roles.	• Ageing workforce • Competition from private sector for skilled workforce