

**Stephen Brown (Chief Officer)**

Orkney Health and Social Care Partnership

01856873535 extension: 2601

[OHACfeedback@orkney.gov.uk](mailto:OHACfeedback@orkney.gov.uk)



Agenda Item: 12.

## **Integration Joint Board**

**Date of Meeting: 22 February 2023.**

**Subject: Integrated Workforce Plan.**

### **1. Purpose**

1.1. To present Members with the Integrated Workforce Plan for 2022 to 2025.

### **2. Recommendations**

The Integration Joint Board is invited to note:

2.1. The aligned process followed between service, financial and workforce planning to gain the information required for completion of the 3-year Integrated Workforce Plan, attached as Appendix 1 to this report.

2.2 The timescale for submission of the 3-year Integrated Workforce Plan to Scottish Government.

**It is recommended:**

2.3. That the Integrated Workforce Plan, attached as Appendix 1 to this report, be approved in so far as it relates to the remit of the Integration Joint Board.

### **3. Background**

3.1. On 1 April 2022 Stephen Lea-Ross, Deputy Director, Directorate of Health Workforce, Scottish Government wrote to all NHS Boards and Health and Social Care Partnership (HSCP)s requesting, and providing guidance on, the completion of three-year Workforce Plan.

3.2. In order to support the national Workforce Strategy, each Workforce Plan must include:

- Service demands.
- Current staffing profile.
- Establishment gap between service demand and staffing profile.
- Actions taken linked to the 5 pillars of the workforce strategy.

3.3. NHS Boards and HSCPs were required to submit a copy of their draft plan to the Scottish Government by 31 July 2022.

## 4. Progress and Key Areas

4.1. The NHS Orkney Workforce Planning Lead created a template, with prompt questions, mirroring the content checklist for managers/heads of service to complete following receipt of the guidance.

4.2. To ensure appropriate alignment of service, workforce and financial planning, while gathering appropriate information for plans, the following colleagues were collectively meeting with Heads of Service and managers:

- Head of Assurance and Improvement, NHS Orkney.
- Head of Finance, NHS Orkney.
- HR Manager/Workforce Lead, NHS Orkney.
- Programme Manager, Financial Sustainability Office, NHS Orkney.
- Healthcare Staffing Lead Nurse, NHS Orkney, where appropriate.
- Head of Strategic Planning and Performance, Orkney Health and Social Care Partnership, where appropriate.

4.3. Section 3 of the Appendix looks at workforce, firstly, as a whole with supplementary staffing use, with recruitment and establishment also explored. A full establishment list is included as an appendix, which is split by job family. Service headlines are relayed for each area and a list of gaps and projections at the end of the sections.

4.4 Section 5 of the Appendix focuses on wellbeing including absence data, absence reason and things completed to support physical and mental wellbeing.

4.5. Section 7 of the Appendix provides a short section on implementation, monitoring and refreshing of the Workforce Plan.

## 5. Contribution to quality

Please indicate which of the Orkney Community Plan 2021 to 2023 visions are supported in this report adding Yes or No to the relevant area(s):

<b>Resilience:</b> To support and promote our strong communities.	Yes.
<b>Enterprise:</b> To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
<b>Equality:</b> To encourage services to provide equal opportunities for everyone.	Yes.
<b>Fairness:</b> To make sure socio-economic and social factors are balanced.	No.
<b>Innovation:</b> To overcome issues more effectively through partnership working.	Yes.

<b>Leadership:</b> To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	Yes.
<b>Sustainability:</b> To make sure economic and environmental factors are balanced.	No.

## 6. Resource and financial implications

6.1. Completion of a robust three-year Workforce Plan will ensure the right people are in the right place at the right time which will allow the quality of care provided to patients to be the best it can be and will positively impact the full workforce across the whole workforce journey.

6.2. Gathering accurate workforce data is an essential part of workforce planning and key to understanding where and how the workforce delivers health and care services to the people of Orkney.

6.3. The three-year Workforce Plan should also align with local Financial Plans and financial planning assumptions, reflecting appropriately any issues of affordability in achieving the required future workforce.

## 7. Risk and equality implications

7.1. There are no risk or equality implications directly arising as a result of this report.

## 8. Direction required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.

## 9. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.


## 10. Authors and contact information

10.1. Stephen Brown (Chief Officer), Integration Joint Board. Email: [stephen.brown3@nhs.scot](mailto:stephen.brown3@nhs.scot), telephone: 01856873535 extension 2601.

10.2. Ingrid Smith (Human Resource Manager), NHS Orkney. Email: [ingrid.smith1@nhs.scot](mailto:ingrid.smith1@nhs.scot), telephone: 01856888000.

## **11. Supporting documents**

11.1. Appendix 1: Health and Social Care Workforce Plan 2022/23.



**NHS Orkney  
3-Year Workforce  
Plan 2022-2025**

If you require this or any other NHS Orkney publication in an alternative format (large print or computer disk for example) or in another language, please email NHS Orkney's alternative formats mailbox:

Email: [ORK.alternativeformats@nhs.scot](mailto:ORK.alternativeformats@nhs.scot)

Telephone: (01856) 888 102

## Contents

Executive Summary .....	2
1.0 Introduction.....	3
2.0 Service Change.....	6
2.1 Demographics .....	7
2.2 Strategic Drivers.....	8
2.3 Challenges .....	13
3.0 NHS Orkney Workforce .....	14
3.1 NHS Orkney Medical & Dental Workforce.....	20
3.2 NHS Orkney Nursing & Midwifery Workforce.....	24
3.3 NHS Orkney Allied Health Professional Workforce.....	39
3.4 NHS Orkney Healthcare Sciences Workforce .....	47
3.5 NHS Orkney Medical Support Workforce.....	50
3.6 NHS Orkney Dental Support Workforce.....	52
3.7 NHS Orkney Other Therapeutic Workforce.....	52
3.8 NHS Orkney Personal and Social Care Workforce .....	58
3.9 NHS Orkney Support Services Workforce .....	60
3.10 NHS Orkney Administrative Workforce .....	63
3.11 Orkney Health and Social Care Partnership Workforce .....	68
4.0 Workforce Supply .....	73
5.0 Wellbeing .....	79
6.0 Action Plan .....	83
6.1 Plan.....	83
6.2 Attract.....	87
6.3 Train.....	88
6.4 Employ .....	90
6.5 Nurture .....	91
7.0 Implement, Monitor and Refresh .....	92

## Executive Summary

A [health and social care: national workforce strategy](#) published in March 2022 sets out a vision for the health and social care workforce of Scotland. It supports the tripartite ambition of recovery, growth and transformation of the workforce and includes the actions that will be taken to achieve the vision and ambition. To support the delivery of the National workforce strategy each NHS board and Health and Social Care Partnership has been asked to develop a 3-year Workforce Plan. This Workforce Plan gives an outline of the changes we envisage to our workforce over the next 3 years and will help to ensure NHS Orkney has the right staff with the right skills in the right place at the right time.

There has been massive change across NHS Orkney over the past few years. COVID-19 has had wide ranging impacts on the health and wellbeing of the entire population of Orkney. Orkney has an ageing population which is increasing faster than the national average. Whilst original Covid inpatient numbers were much smaller than anticipated, the 2022 Omicron variant had a significant impact on staffing. Strategic drivers for change in service and workforce include [NHS Scotland Recovery Plan](#), the NHS Orkney Clinical Strategy and the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#). COVID-19 is still a daily challenge for the NHS Orkney workforce. In February and March 2022 NHS Orkney had the second highest sickness absence figure in Scotland for territorial boards. That coupled with a COVID-19 absence rate of between 2-3% meant that there has been significant absence within the organisation over recent months.

NHS Orkney has a headcount of circa 762 providing a range of primary, community-based and hospital services. The workforce has increased by 81.3 whole time equivalent (wte) (15.4%) since April 2019. Nursing/Midwifery is the most common job family followed by Administration then Support Services. NHS Orkney is currently very reliant on supplementary staffing including costly agency usage. Each job family has anticipated gaps in service. The anticipated wte required over the next 3 years per job family is noted below:

- Medical and Dental – 3 wte with additional staffing reviews to be undertaken
- Nursing and Midwifery – 75.5 wte
- Allied Health Professionals – 20.35 wte
- Healthcare Sciences – 5 wte
- Medical Support – 8.6 wte
- Dental Support – staffing review still to be undertaken
- Other Therapeutic – 15.6 wte
- Personal and Social Care – 4 wte
- Support Services – 3 wte
- Administrative – 20 wte
- Orkney Islands Council Social Care and Social Work – 52 wte

In order to achieve the required workforce various routes will be explored including: youth employment; apprenticeships; international recruitment; redeployment; development of new posts; volunteering; and talent and leadership development. Actions will be required across the whole workforce journey; plan, attract, train, employ and nurture. Including completion of the Board Health and Care (Staffing) (Scotland) Act Implementation Plan thus ensuring the general principles and duties are embedded into business as usual in preparation for enactment on 01 April 2024.



## 1.0 Introduction

### Why is the plan being prepared?

Change across the services and workforce of NHS Scotland over the past two years has been substantial. In order to play our part in keeping Orkney safe NHS Orkney and the Orkney Health and Social Care Partnership reconfigured the workforce, established new ways of working and worked across boundaries. Additional staff were recruited and our workforce often stepped up, with short notice, in order to maintain a level of preparedness in supporting the COVID-19 service provision. As we write this plan COVID-19 is still a daily cause of significant absence in our Workforce.



Addressing the necessary requirements and complexities brought by the pandemic has meant providing the routine services delivered by the NHS has been more difficult. Across NHS Orkney some services reduced in scope and scale while others were suspended entirely. These types of changes and reductions were seen throughout NHS Scotland and had an impact on almost all aspects of care within the NHS. The easing of COVID-19 restrictions has seen activity within services start to increase and start to return to more normal levels.

In order to drive the recovery of the NHS the Scottish Government published a 5-year [NHS Recovery Plan](#) 2021-2026 with the central aim of addressing the backlog of care, while continuing to meet the ongoing urgent health and care needs of the country. A [health and social care: national workforce strategy](#) was then published in March 2022. The strategy set out the vision for the health and social care workforce and supports the tripartite ambition of recovery, growth and transformation of the workforce including the actions that will be taken to achieve the vision and ambition. In order to support the delivery of the National workforce strategy each NHS board and Health and Social Care Partnership has been asked to develop a 3-year Workforce Plan.

It is now important to consider our workforce requirements, while continuing to live with COVID-19 and thereafter, to ensure continued delivery of quality health and social care services. This Workforce Plan gives an outline of the changes we envisage to our workforce over the next 3 years.

### What is the purpose of the plan?

The Workforce Plan will help to ensure NHS Orkney has the right staff with the right skills in the right place at the right time. Ultimately enabling safe and high-quality care and improved outcomes for service users. The plan will cover 3 financial years from 2022-2025 and the overall purpose of the plan is to understand what our future workforce needs to be and the actions we will take to get us to that point.

In reaching the purpose the workforce plan will:

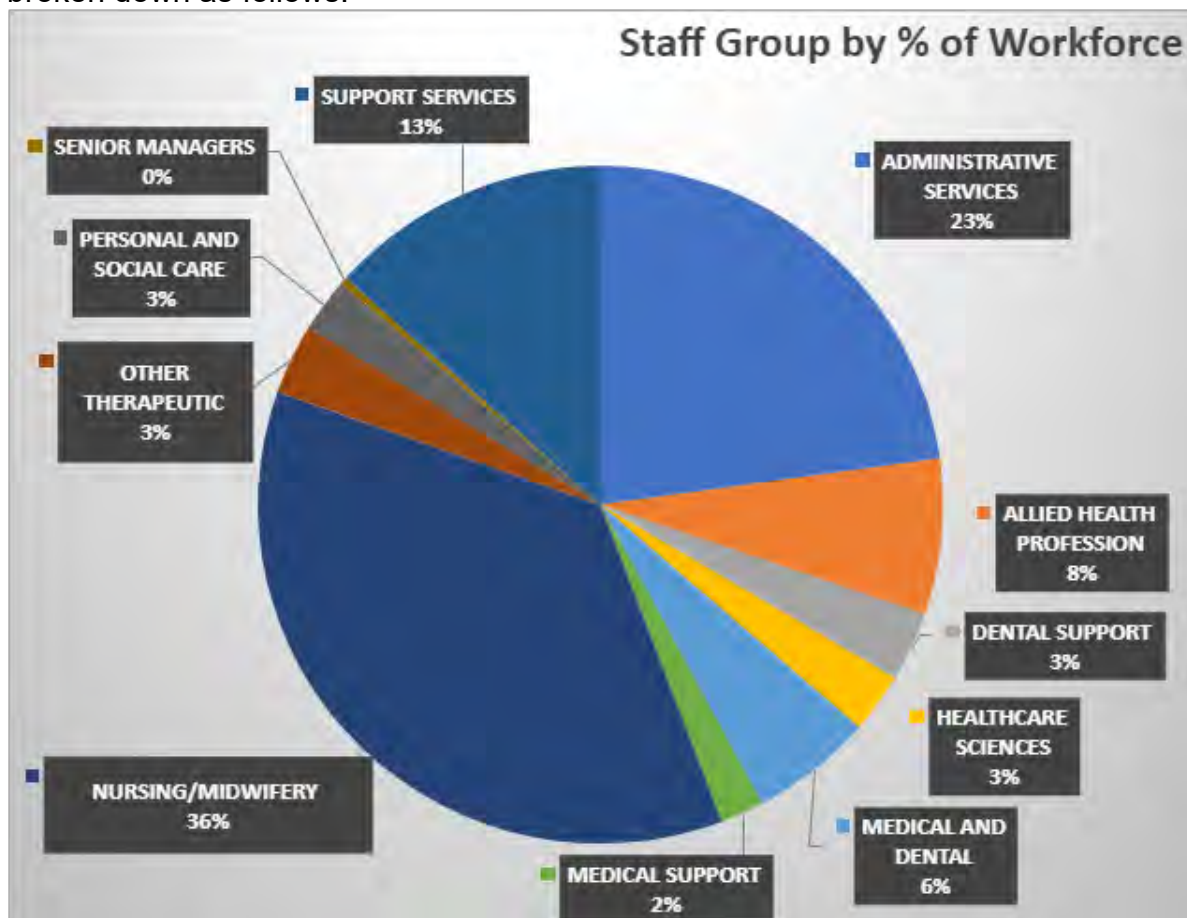
- Outline the strategic drivers that are helping to shape NHS Orkney's plans for the future.

- Review the local demographics and outline the challenges hampering service delivery.
- Explore current service demands and understand the workforce requirements associated with these.
- Analyse our current workforce profile.
- Define the establishment gap between projected service demand and the current staffing profile by outlining expected projections per job family.
- Explore workforce supply including workforce enablers and support.
- List the support in place to improve the wellbeing of the workforce.
- Outline the actions NHS Orkney will take to support service growth and transformation over the next three years in accordance with the 5 pillars of the workforce journey: plan, attract, train, employ and nurture.

A robust workforce plan will help to support various pressing decisions relating to workforce, for example, meeting the requirements of The Health and Care (Staffing) (Scotland) Act 2019 by ensuring that the current and future workforce adheres to the statutory basis for the provision of appropriate staffing in health and social care services.

#### Who will be affected by the plan?

NHS Orkney has a headcount of circa 762 providing a range of primary, community-based and hospital services. The staff groups by percentage of the workforce are broken down as follows:



Further detail on our Workforce is provided in Section 3. NHS Orkney is the smallest territorial board in Scotland but is the second largest employer on the island. As a remote, rural and island Health Board NHS Orkney works with multiple partners to deliver the range of services required to support the health needs of our population.

The Orkney Health and Social Care Partnership has over 1000 staff working for either NHS Orkney or Orkney Islands Council. The services delegated to the partnership include adult health and care services, primary care (GP surgeries and community care), children's health and social care services, and criminal justice services.

The workforce plan explores the needs of the whole workforce. It will help to describe the future workforce required at NHS Orkney in order to provide a safe and effective service. Completion of a robust three-year Workforce Plan will ensure we have the right people in the right place at the right time which will allow the quality of care provided to patients to be the best it can be. It will also positively impact the full Workforce across the whole Workforce journey.

### **Who is accountable for the plan?**

The lead responsibility for completion of the Interim Workforce Plan sits with the Workforce Planning Lead within the HR Directorate. The Workforce Planning Lead met regularly, on an individual and collective basis, with several stakeholders throughout the organisation to ensure that, collectively, the output from the interim workforce plan presents a cohesive picture of the health and care workforce needs across Orkney.

Trade unions and managers were kept up to date via the local Area Partnership Forum and the Workforce Planning Lead is a member of the multi-agency Whole System Recovery group where development of the workforce plan was discussed. This group was established to progress the development and implementation of the Re-mobilisation Plan ensuring the preparation of services for moving forward out of the acute phase of the COVID-19 pandemic and a focus on recovery and renewal to ensure the health needs of the population was met whilst the ability to respond to COVID-19 was maintained. Group membership includes representation from across clinical and non-clinical service areas as well as the Employee Director and Chair of the Area Clinical Forum.

The 3-year Workforce plan was expected to be closely aligned with Service and Financial Planning. To ensure appropriate alignment of Service, Workforce and Financial planning, while gathering appropriate information for plans, the following colleagues collectively met with Heads of Service and managers:

- Head of Assurance and Improvement
- Head of Finance
- HR Manager (Workforce Planning Lead)
- Programme Manager, Financial Sustainability Office (Project Manager deputised where necessary)
- Healthcare Staffing Lead Nurse (where appropriate)
- Head of Strategic Planning and Performance, Orkney Health and Social Care Partnership (where appropriate)

Meetings took place throughout May and June 2022. Managers/Heads of Service were provided a data pack including Workforce, Service and Financial information. There was a set agenda at meetings which included: a data review (from the data pack shared); any learning from the last six months; any productive opportunities; delivery priorities; finance and workforce implications; risks and mitigations; and next steps.

Managers/Heads of Service were asked to complete a template following the meeting which further explored: Workforce Demand; Workforce Supply; Opportunities; Learning and Development; and Wellbeing. As well as considering any Key Workforce Actions they will take under each pillar of the Workforce journey: Plan, Attract, Train, Employ and Nurture. It is expected that the template will be a living document for Managers/Heads of Service in working through the actions they have recognised are required in their respective areas.

Ultimately Heads of Service and Managers will be accountable for ensuring the actions associated with their areas are completed.

## 2.0 Service Change

As noted previously there has been massive change across NHS Orkney over the past few years. In order to understand the full picture of service delivery and service changes which have taken place over the past 2 years the workforce plan should be read in conjunction with NHS Orkney Re-mobilisation plans and the NHS Orkney Annual Delivery Plan (ADP) 2022/23. In line with Scottish Government requirements the ADP explores delivery priorities to “stabilise and improve”. The ADP builds on previous quarterly operational planning arrangements and focusses on actions to deliver the following key priorities:



key priorities:

- Staff wellbeing;
- Recruitment and retention of our health and social care workforce;
- Recovery and protection of planned care;
- Urgent and unscheduled care;
- Supporting and improving social care;
- Sustainability and value.

The ADP builds upon the content of the Re-mobilisation plan 4. It was developed collaboratively with financial and workforce planning processes across NHS Orkney and the Orkney Health and Social Care Partnership and is set within the context of the strategic priorities of NHS Orkney:

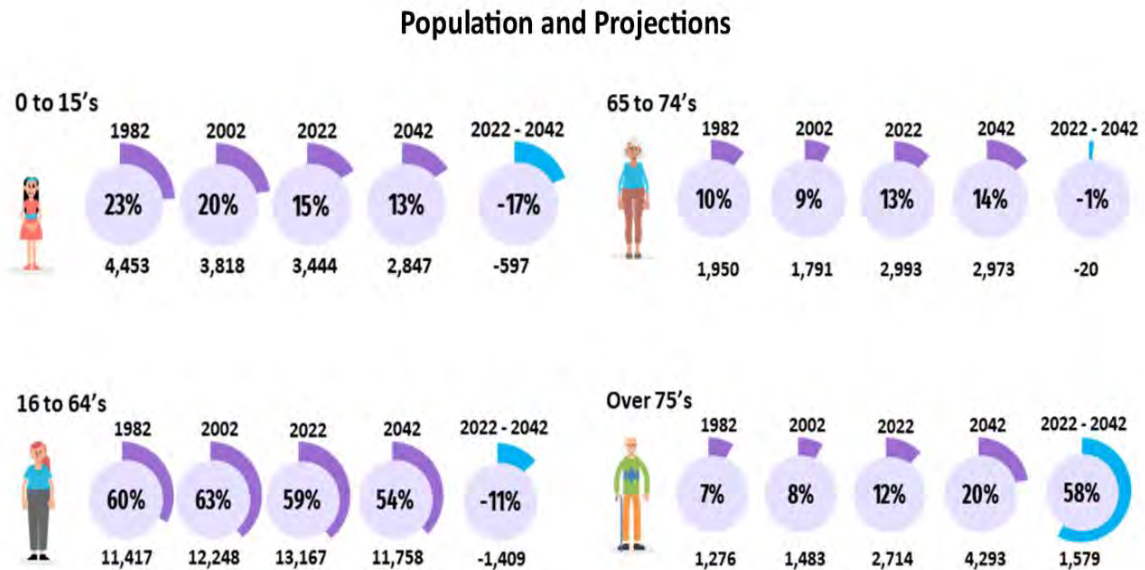
- COVID-19
- Culture
- Quality and Safety
- Systems and Governance


- Sustainability

This section looks further at the local demographic changes, strategic drivers for change and challenges faced for services.

## 2.1 Demographics

The [National Records of Scotland](#) gave a mid-2020 population estimate of Orkney Islands as 22,400.



 Orkney's population has risen from 19,220 in 2001 to an estimated 22,400 in 2020

Orkney has an ageing population with a significant increase in over 75's expected by 2042 as noted above. The older population is increasing faster than the national average and there are increasing numbers of older people in the local community who are living with long-term conditions and frailty.

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

There is a predicted reduction in the working age population with a significant number leaving the islands, leaving fewer people available to provide the care and support required. Net migration into Orkney is expected to decrease by 6% between 2019 and 2030.



There is a predicted reduction in under 15s. Between 2005 and 2019 birth rate dropped 15% and the birth rate is expected to continue to decrease.

COVID-19 has had wide ranging impacts on the health and wellbeing of the entire population of Orkney. This is inclusive of the direct impact of COVID-19 as well as delays to diagnosis or treatment and not forgetting the disruptions to education and family lives which led to increased stress, anxiety and loneliness. Evidence has shown that the negative effects of the pandemic have been felt more so by those who were already worse off or in poorer health.

According to statistics from a [Scottish Government Annual Population Survey 2020/21](#) Orkney has the lowest unemployment rates across Scotland at 3.1%.

## **2.2 Strategic Drivers**

Although not an exhaustive list some of the key drivers for service and workforce change are outlined below.

### **NHS Scotland Recovery Plan**

As aforementioned the NHS recovery plan sets out the key ambitions and actions to be developed and delivered over the next 5 years in order to address the backlog in care and meet the healthcare needs for people across Scotland.

### **Health and Social Care: National Workforce Strategy**

As mentioned previously the strategy sets out the vision for the health and social care workforce which supports a tripartite ambition of recovery, growth and transformation.

### **National Clinical Strategy**

The National Clinical strategy makes proposals for how clinical services need to change in order to provide sustainable health and social care services fit for the future.

### **Fair Work**

The vision and framework for fair work in Scotland is that by 2025 people in Scotland will have a world-leading working life where fair work drives success, wellbeing and prosperity for individuals, businesses, organisations and for society. Fair work is work that offers all individuals an effective voice, opportunity, security, fulfilment and respect.

### **National Care Service**

The National Care Service (Scotland) Bill was introduced to parliament on 20 June 2022 with the commitment of establishing a functioning National Care Service by the end of the parliamentary term in 2026. The aim of the Bill is to ensure that everyone can consistently access community health, social care and social work services, regardless of where they live in Scotland.

### **Digital Health and Care Strategy**

This strategy sets out how we work together to improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services in a way, place and time that works best for them.

### **NHS Orkney Clinical Strategy 2022-2026**

The local clinical strategy sets out the ambition of how the clinical teams and services will develop and grow to meet the needs of the people of Orkney over the next five years. The strategy was developed in consultation with staff, the community and extensively with our clinicians. It sets out a commitment to enable people to remain as healthy and independent as possible. The areas of focus are:

- Improving health and wellbeing of people in Orkney
- Children and Young People
- Mental Health
- Supporting independence for people living with long-term conditions

The clinical strategy recognises the demands of the pandemic has resulted in workforce pressures, increased workload and staff shortages and the need to support the health and wellbeing of our staff in order for them to stay well and continue to deliver high quality care.

### **Nursing 2030 Vision**

The vision is about preparing a nursing workforce that will be ready and able to meet people's needs by 2030. It highlights the areas of focus as:

- Personalising Care
- Preparing Nurses for Future Needs and Roles
- Supporting Nurses

### **Realistic Medicine**

The ethos of realistic medicine is to improve the quality of care provided to the population and change the culture and way we approach clinical care. Offering patients high value care which will have a meaningful impact on life, health and wellbeing. Having meaningful conversations with people to plan and agree care will support staff and patients to base care around what matters most to people.

### **The Scottish Government's Mental Health Strategy 2017-2027**

The guiding ambition for the 10 year strategy is to prevent and treat mental health problems with the same commitment, passion and drive as we do the physical health problems. The strategy looks to improve:

- Prevention and early intervention;
- Access to treatment, and joined up accessible services;
- The physical wellbeing of people with mental health problems;
- Rights, information use, and planning.

One action of the strategy looks at increasing the mental health workforce by 800 additional mental health workers in hospitals, GP surgeries, prisons and police stations.

### **Orkney Health and Care (OHAC) Mental Health Strategy 2020-2025**

The strategic vision of the OHAC mental health strategy is to "help the people of Orkney live longer, healthier and more independent lives within their own

communities wherever possible. Getting it right for everyone in Orkney". Some objectives include:

- Build capacity and capability within the wider health and social care workforce in order to deliver upon mental health and recovery, ensuring effective use of available resources.
- Promote collaborative working through a primary and community care approach with GPs and in conjunction with third sector partners, in order to widen access to a range of community based psychological and social support.

### **Financial Sustainability Office (FSO) Work Programme**

NHS Orkney has embarked on a Financial Recovery Plan with an efficiency target of £6.9m to be delivered during 2022/23. The FSO was established in April 2022, to work with colleagues throughout NHS Orkney to support the recovery plan with regular progress and project updates being shared to provide assurances to the relevant committees within NHS Orkney and Scottish Government.

Over the course of the year the FSO will facilitate the successful implementation of the Health Board's Cost Improvement Programme (CIP). Managing a pipeline of opportunities, develop standardised planning information, ensure scrutiny and approval of plans, review risks, implement, track and report on progress. Working with Executive Directors and Service Leads to capture all opportunities and to facilitate and report on any obstacles to success.

In addition, the FSO are continuing to meet regularly with stakeholders throughout the organisation to ensure clear mapping and consideration of all project interdependencies. As a result of these discussions several potential savings schemes have been identified:

- Prescribing spends
- Outpatient clinic utilisation
- Isles model of care
- Grip and control
- Authorisation of overtime and bank requirements
- Discharge optimisation (care at home package)
- Roster utilisation
- Releasing time to care
- Skill-mix, sharing services
- Learning and development
- Train the trainer opportunities locally on Island
- Yearly planning needs for all services

As set out in the letter from Caroline Lamb in April 2022 to all Boards, the FSO when taking forward projects, will align them to key list of priorities:

- Staff wellbeing
- Recruitment and retention of our health and social care workforce
- Recovering planned care and looking to what can be done to better protect planned care in the future
- Urgent and unscheduled care
- Supporting and improving social care



- Sustainability and value

A key priority for the Financial Sustainability Office is to engage with as many stakeholders at an early stage to ensure involvement, support and buy in from across the organisation. This also requires full involvement and engagement from the Executive Management Team to ensure consistent messaging, focus and delivery of the agreed savings schemes and key priorities.

### **Orkney Health and Social Care Partnership Strategic Plan 2022 – 2025**

After a period of community engagement the Orkney Health and Social Care partnership identified six priorities to focus in their three year strategy:

- Unpaid carers
- Supporting older people to stay in their homes
- Community led support
- Mental health and wellbeing

With two overarching priorities which encompass the approach:

- Early intervention and prevention
- Tackling inequalities and disadvantage

### **Primary Care Improvement Plan**

The [2018 GMS Contract](#) and further Memorandum of Understanding to this aims to refocus the role of the GP's as expert generalists; with a shift, over time, of workload and responsibilities to enable this. A key enabler is investment in the recruitment, development, and appropriate utilisation of a wider multidisciplinary team (MDT) with associated measures to reduce workload that will support general practice to ensure optimal patient outcomes. This requires a wide range of tasks currently carried out by GP's to be transferred to members of a wider primary care MDT – where it is safe, appropriate, and results in improvement to the patients' journey and care.

The aim of the Primary Care Improvement Plan is to identify and integrate all the key areas relating to the contract that are to be transformed to achieve the contract goals.

Seven key work streams underpin the plan:

1. The Vaccination Transformation Programme
2. Pharmacotherapy Services
3. Community Treatment and Care Services
4. Urgent Care (Advanced Practitioners)
5. Musculoskeletal focused physiotherapy
6. Community Clinical Mental Health Professionals
7. Community Link Practitioner

Five of these services (1, 2, 5, 6 and 7) are currently up and running with staff already recruited. Gaps in roles for the future workforce, which are awaiting approval and recruitment, are noted in the next section of the plan.

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

The Health and Care (Staffing) (Scotland) Act was passed by Scottish Parliament in 2019, however, work was paused to allow efforts to be focused on the pandemic. The

aim of the legislation is to provide a statutory basis for the provision of appropriate staffing in health and care service settings, enabling safe and high-quality services and to ensure the best health care or care outcomes for service users.

The effective application of this legislation will:

- improve standards and outcomes for service users;
- take account of the particular needs, abilities, characteristics and circumstances of different service users;
- respect the dignity and rights of service users;
- take account of the views of staff and service users;
- ensure the wellbeing of staff;
- promote openness and transparency with staff and service users about decisions on staffing;
- ensure efficient and effective allocation of staff; and
- promote multi-disciplinary services as appropriate.

The specific duties that Health Boards and Care Services must fulfil are outlined in the legislation. On 23 June 2022 the Cabinet Secretary for Health and Social Care published the timetable for implementation of the Act with commencement of all provisions to take place from April 2024.

The commencement of monitoring and governance will take place from the 01 April 2024 with the first reports due by the 31 March 2025. Every Health Board and the Common Services Agency for the Scottish Health Service must provide information to the Scottish Ministers on the steps they have taken to comply with the legislation as soon as reasonably practicable after the end of each financial year.

NHS Boards will need to demonstrate how they have met the following Duties:

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

Preparation for implementation of the act has commenced at NHS Orkney and further detail of next steps will be noted in Section 6: Action Plan.

## 2.3 Challenges

Services regularly face a number of challenges regarding delivery of their service and in turn improving or making change within their services. Some of these are noted below, please note this is not an exhaustive list.

### **Impact of COVID-19**

The rise in cases of COVID-19 in Orkney has been somewhat different from mainland Scotland. It took approximately 21 months (up to December 2021) for the first 1000 cases to be recorded, two months for the next 1000 cases (early February 2022) and then only a further 2 weeks for the next 1000 cases. This was followed by another 1000 cases in 2 weeks.

This intensely high level of COVID-19 in the community over February and March 2022 impacted on service demand, and also service delivery through staff absence. NHS Orkney's sickness absence rate from January - April 2022 showed that NHS Orkney's absence percentage (which does not include COVID-19 figures) fluctuated between 5.09% and 5.49% (full detail noted in Section 5: Wellbeing). In February and March 2022 NHS Orkney had the second highest sickness absence figure in Scotland for territorial boards. That coupled with a COVID-19 absence rate of between 2-3% meant that there has been significant absence within the organisation over recent months.

### **Accommodation**

Property market prices and availability of rental properties is challenging locally. This, coupled with the cost of living crisis, has seen candidates delaying start dates by significant periods of time or withdrawing based on being unable to find accommodation.

### **Remote and rural location**

The complexities of being a remote and rural health care provider are numerous. The local workforce pool is limited and it can impact on our ability to attract future candidates and contribute to unfilled vacancies. The geography of the Islands, particularly the remote ferry-linked isles adds additional layers of complexity when providing care for example the length of time taken to travel to mainland Orkney or mainland Scotland for care. Staff are often required to "wear many hats" and work in more generalist roles rather than specialist.

### **Education**

Local education facilities do not provide qualifications linked to all job families throughout the organisation which means students require to move off island to become fully trained in several roles.

### **Staff Expectations**

Staff not feeling involved in decisions that impact upon them. Work continues on the DHI Listening exercise initiated in 2020 around embedding a culture aligned to the Staff Governance Standard. There are also perceived limitations on career aspirations and opportunity to experience new learning within careers.

### **Patient Expectation**

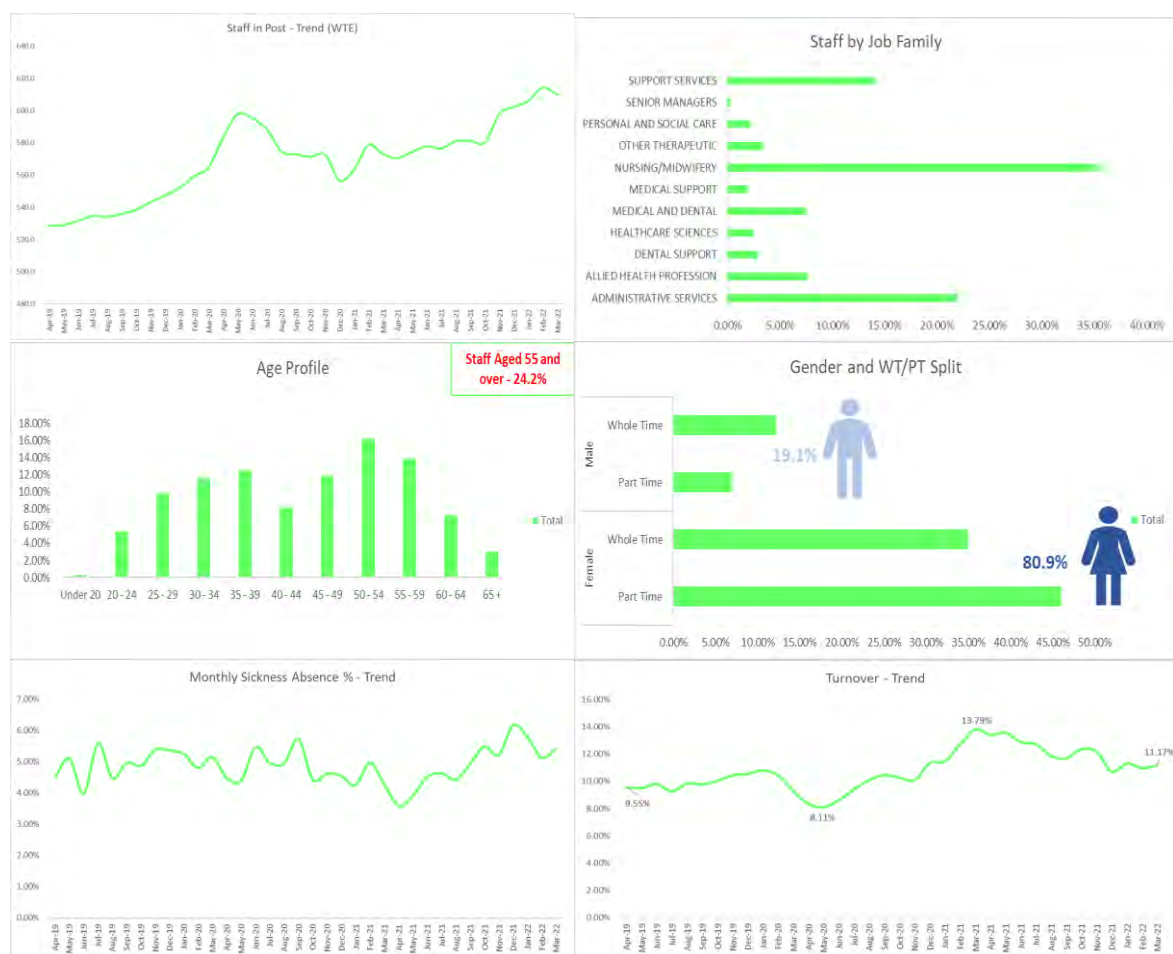
# NHS Orkney Workforce Plan 2022-2025

There are higher expectations placed on Clinicians now more so than ever before. With less COVID-19 restrictions now in place patients have higher expectations for services to return to normal while in reality services are still trying to remobilise.

## Childcare

With a predominantly female workforce childcare is a common requirement and a regular issue for families with colleagues working across all job families in NHS Orkney. Locally there is a lack of childcare options for preschool aged children as well as a lack of before/after school childcare facilities which impacts on the availability of colleagues to pick up shifts.

## 3.0 NHS Orkney Workforce



Over the last three years the NHS Orkney workforce has continued to grow, up 81.3 wte (15.4%) since April 2019. Nursing/Midwifery is the most common job family followed by Administration then Support Services. Due to the financial constraints faced by NHS Orkney it is not expected that growth will be as steep as the previous three years looking towards the next three years.

Similar to the local demographics we have an ageing workforce. Staff aged 55 and over equate to 24.2% of our workforce. With the median age of our workforce 45

years old. Compared to the population figures, NHS Orkney has a much higher percentage of staff in the 25-44 and the 45-60+ age ranges. This perhaps reflects the fact that many staff such as doctors, nurses and allied health professionals train for a number of years to qualify then build up their knowledge and experience. Staff then wish to apply this knowledge for as long as possible. Hence the concentration of staff in these age ranges.

There is a relatively small percentage of staff aged 19 years and under. This is due to a number of factors such as age restrictions for people under the age of 18 working in clinical areas and Health and Safety compliance requirements.

The gender split is similar to that across NHS Scotland with a female workforce much higher to that of the male workforce with 80.9% and 19.1% respectively. Traditionally most members of nursing and allied health professionals tend to be female which is no different at NHS Orkney.

The Turnover has varied between 8.11% to 13.79% over the past three years. An increase in turnover from the summer months onwards can be, at least in part, caused by a number of fixed term contracts recruited to support the pandemic response. This reached a peak towards the end of the 20/21 financial year and started decreasing towards a more “normal” turnover level towards the end of the 21/22 financial year. It is expected that turnover will continue to move back towards pre-pandemic levels over the next 3 years.

The monthly sickness absence percentage has fluctuated somewhat over the past 3 years with a low in April 2021 of just 3.59% compared to a high just 8 months later in December 2021 of 6.16%. Sickness absence will be explored more thoroughly in Section 5: Wellbeing.

Ensuring accurate and up to date workforce data is a top priority of the Human Resources team. Full details of the Workforce, in relation to the protected characteristics as defined in the Equality Act 2010, can be found in the NHS Orkney Equality and Diversity Workforce Monitoring Report 2021/22. In this report the average volume of data collected per protected characteristic is 96.88% which is a commendably high figure as staff have the legal right not to disclose information about their protected characteristics if they so choose. The conclusions of this monitoring report found NHS Orkney to be a fair and equitable employer with recruitment, shortlisting and offering of posts done in a fair and equitable manner.

## **Supplementary Staffing**

In addition to our substantive staff outlined above supplementary staffing is very well used across NHS Orkney and essential to ensure services keep running as efficiently as possible.

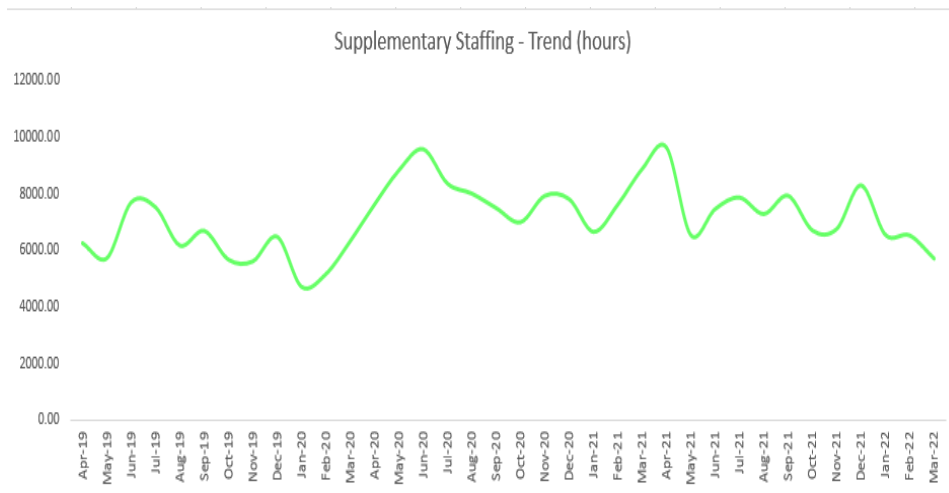
The table below explores the average use of excess hours, overtime and bank hours over the past three years (not including agency staffing). When the figures are combined the table shows an average use of 44 wte per month during the past 3 years across NHS Orkney. Nursing/Midwifery being the largest job family shows

## NHS Orkney Workforce Plan 2022-2025

the largest combined supplementary staffing usage with an average of 15.69 wte used each month across excess hours, overtime and bank.

Job Family	Excess	Overtime	Bank	Combined
ADMINISTRATIVE SERVICES	1.14	0.87	5.50	7.51
ALLIED HEALTH PROFESSION	0.60	0.18	1.46	2.24
DENTAL SUPPORT	0.09	0.09	0.28	0.46
HEALTHCARE SCIENCES	0.05	0.10	0.00	0.15
MEDICAL AND DENTAL	0.00	0.00	7.58	7.58
MEDICAL SUPPORT	0.08	0.03	0.00	0.11
NURSING/MIDWIFERY	2.66	1.33	11.70	15.69
OTHER THERAPEUTIC	0.05	0.07	0.18	0.30
PERSONAL & SOCIAL CARE	0.01	0.04	0.00	0.05
SUPPORT SERVICES	1.43	0.96	7.56	9.95
<b>Total</b>	<b>6.12</b>	<b>3.67</b>	<b>34.26</b>	<b>44.05</b>

The next chart shows the supplementary staffing excess hours, overtime and bank hours used per month over the past 3 years.



It is estimated this is an under representation as there is a culture of under reporting of additional hours in some work areas. Colleagues preferring to “get the job done” regardless of the length of time the role takes.

The use of agency workers is also commonplace at NHS Orkney. Agency workers are not used for every job family however the average wte usage of agency workers per month over the past three years in allied health professions, healthcare sciences, nursing/midwifery and other therapeutic is 19.33 wte per month.

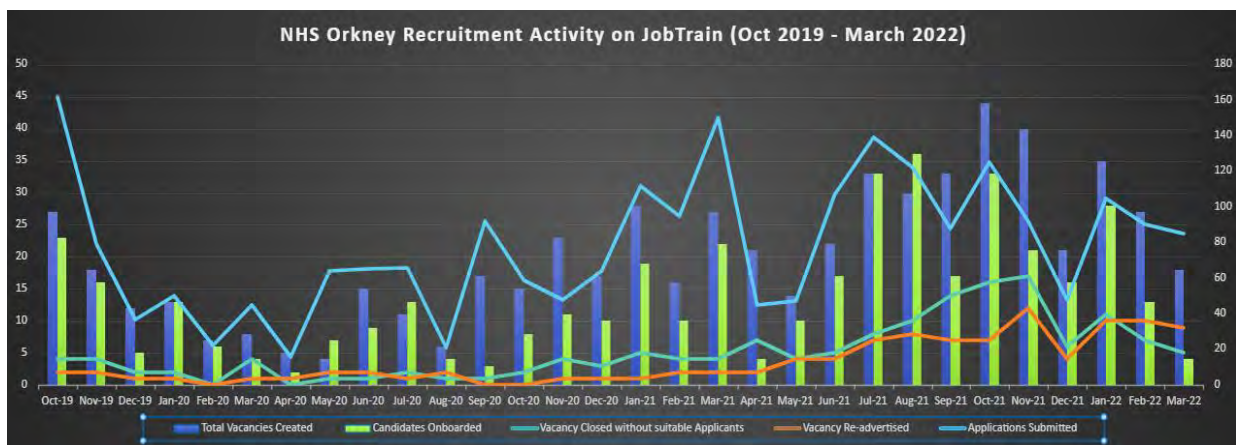
Agency Workers	Average wte
Allied Health Profession	4.64 wte
Healthcare Sciences	2.31 wte
Nursing/Midwifery	12.40 wte
Other Therapeutic	0.11 wte
<b>Total</b>	<b>19.33 wte</b>

NHS Orkney currently work in collaboration with [PlusUs](#). On the whole NHS Orkney is currently very reliant on supplementary staffing including costly agency usage.

## Recruitment

Since the introduction of the National Recruitment system JobTrain at NHS Orkney in October 2019 there have been over 600 vacancies created with over 2300 applications received.

The chart below shows: the number of vacancies created per month since JobTrain was initiated in October 2019 until March 2022. Additional information on the chart includes the number of candidates onboarded each month; the number of vacancies which closed without suitable applications; the number of vacancies readvertised; and the number of applications submitted.



Recruitment activity has been consistent since the implementation of JobTrain in October 2019. Total vacancies created reached a peak in October 2021 with 44 vacancies created that month alone. A quarter of all posts created since October 2019 have closed without suitable applicants. Over 17% of posts are readvertised.

A set of Key Performance Indicators (KPIs) for the Recruitment Process were developed by the National Recruitment Process Standardisation Group and agreed by the NHS Scotland HR Directors group. The purpose was to provide a national standard set of KPIs for core recruitment processes which enables measurement of actual performance in a consistent way, and the interrogation of variances for quality and service improvement going forward. NHS Orkney’s Recruitment team added two further KPIs for local use, to consider local processes that take place out with JobTrain and to allow for more accurate and effective reporting. The table below shows the KPI target days in amber. The figures given are the average number of days taken per month per KPI with those met highlighted in green and unmet highlighted in red.



## NHS Orkney Workforce Plan 2022-2025

KPI Target (Days)	7	3	14	21	6		31		116
	Time from Creation to approval	Time from Approval to Live	Job Live to closing	Closing to Interview	Interview to Offer	Advert to Offer	Offer date to Start Date	Overall Creation to Start	Overall Approval to Start
July 2020 - June 2021	13.13	-3.20	24.15	18.88	11.51	50.75	101.56	132.03	126.51
Oct-21	12.97	0.68	15.96	16.38	4.92	39.19	32.67	79.83	71.57
Nov-21	12.98	1.04	16.31	18.33	4.99	39.45	33.12	83.09	74.00
Dec-21	11.67	1.33	19.58	16.75	6.32	42.18	33.28	83.26	73.99
Jan-22	13.74	2.26	19.48	16.76	6.40	42.46	49.86	101.62	88.20
Feb-22	12.65	1.62	15.77	16.87	6.51	39.14	43.43	87.89	74.21
Mar-22	11.02	2.33	19.19	16.30	6.57	42.85	45.35	93.02	80.09
Apr-22	8.49	1.01	18.14	19.61	7.43	44.33	45.86	91.28	68.87

NHS Orkney has continued to meet and exceed the 116 day KPI which is the nationally set target from the point of job approval through to the employee starting in post. NHS Orkney has continually improved with a very healthy average time of just 68.87 days, in April 2022. This was over 47 days less than the nationally set KPI.

As part of the Financial Sustainability work ongoing at NHS Orkney a Vacancy Panel has been initiated this financial year. The purpose of the Vacancy Panel is:

- To ensure that decisions to proceed with recruitment to current vacancies are made in a partnership environment with consideration given to the balancing of service requirements and budgetary constraints.
- To ensure that NHS Orkney deliver consistent application of best recruitment practice.
- To discuss and consider the responses provided by recruiting managers / services through JobTrain and Vacancy Request Forms.
- To understand the funding stream and funded establishment.
- To seek clarifications where required in relation to vacancy requests.
- To consider all vacancies prior to submission to the Redeployment Group and advertisement.
- To assist with the development of health services, service change and strategic planning in Orkney.
- To obtain professional advice as deemed necessary.

The Vacancy Panel meets on a weekly basis to review and approve posts as part of the vacancy approval process. The introduction of this panel, as part of the vacancy approval route, may have a detrimental impact on the overall approval to start time but this is yet to be determined.

In late 2021 the Recruitment team reviewed and updated the recruitment pack which has been very well received by applicants. A video was also created to highlight Orkney, and working at the Balfour, which added a personal touch and was used in recruitment packs and on social media to help attract candidates.

The top four most frequent places where applicants report seeing the advert source is:

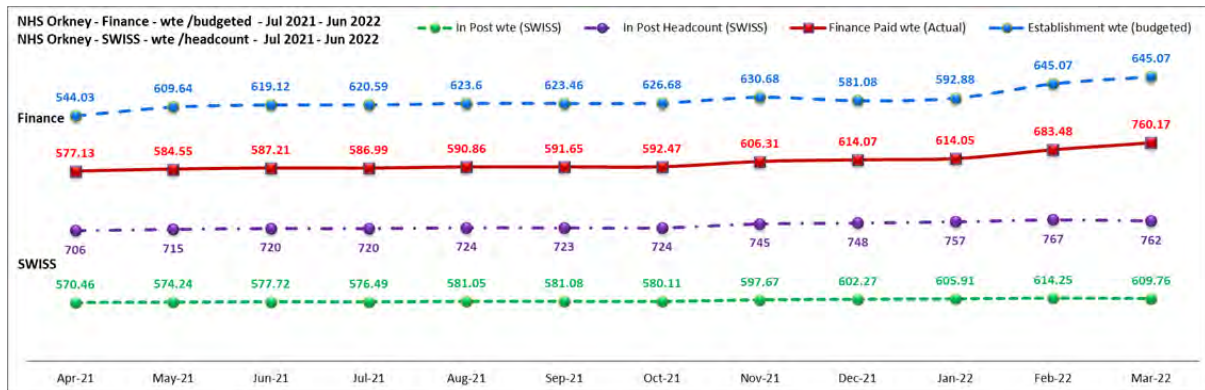
- NHS Scotland Website
- Word of Mouth
- Facebook
- NHS Intranet



This response was received from just under 50% of all applicants. As such all new roles will continue to be advertised using the three websites noted above (amongst others where appropriate).

## Establishment and Staff in Post

As part of Workforce Planning it is essential to understand the budgeted establishment for staff as well as the actual staff in post. The following chart shows the wte staff in post, the headcount of staff in post (taken from HR systems) and the actual wte staff paid and the wte establishment (taken from Finance systems).

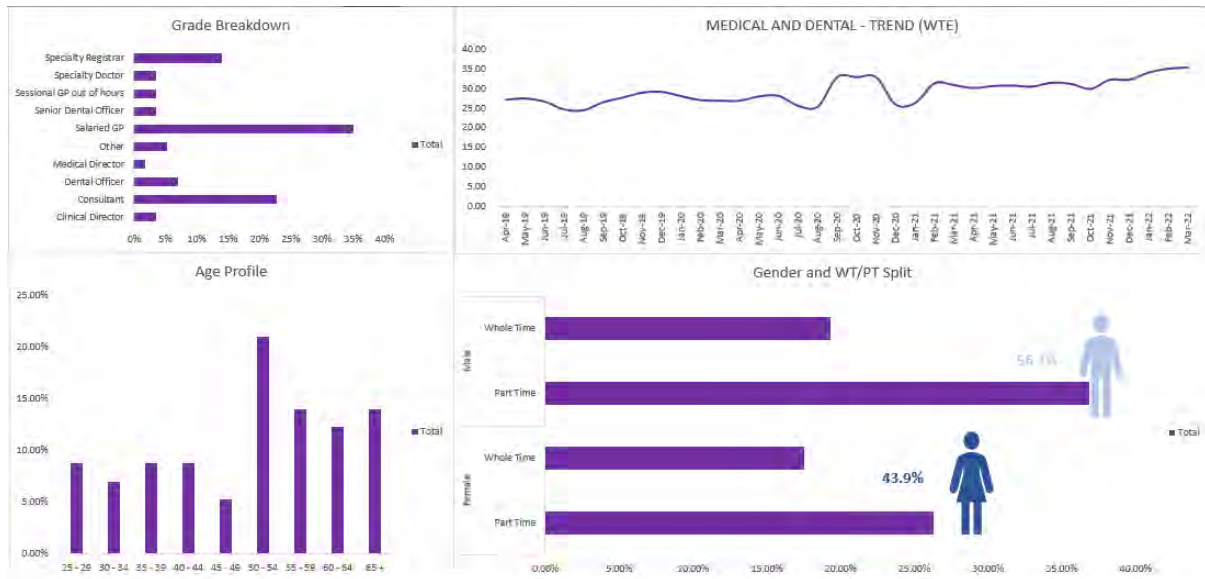


The chart indicates the variance between budgeted wte and actual paid establishment. A thorough review of establishment is overdue and required going forward. The Financial Sustainability Office are supporting this work and have started this review in various areas throughout NHS Orkney. Some services stated they required their establishment to be reviewed prior to being in a position to understand gaps and in turn projections required in their service areas.

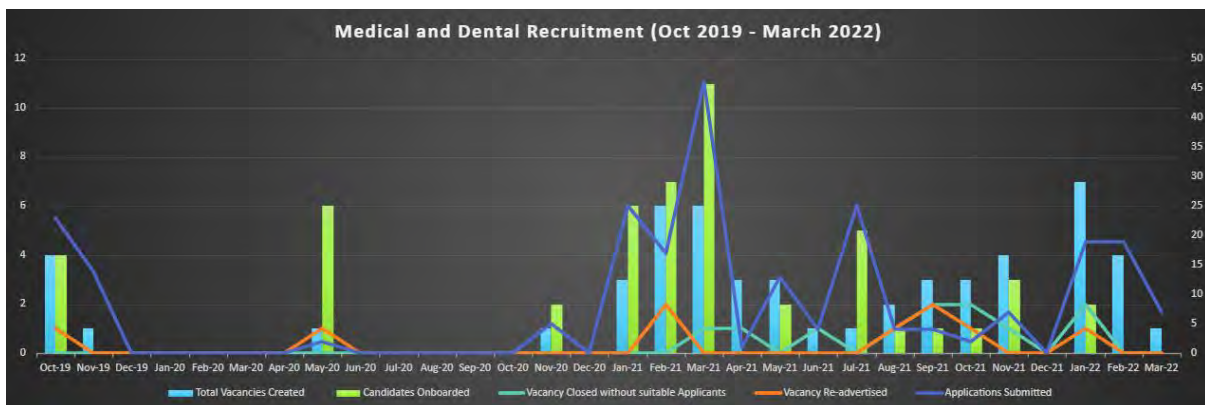
Additionally, as part of the Financial Sustainability work ongoing all long-term unfilled vacancies are due to be reviewed with a potential decision to be made regarding removing establishment from these areas.

Further information on Establishment as at 31 March 2022 is included as appendix 1. A collated list of all workforce gaps and projections is included as appendix 2. The full list is broken down by financial year, job family, role, band/grade and wte.

### 3.1 NHS Orkney Medical & Dental Workforce



Over the last three years the NHS Orkney Medical and Dental workforce has continued to grow, up 8.2wte (30.2%) since April 2019, reflecting both an improved recruitment market where vacancies can be filled and an increase in establishments.



As the above chart shows recruitment has been particularly successful over the past 18 months. In 2021/22 NHS Orkney engaged with the British Medical Journal (BMJ) to advertise all Medical positions within the Board. This provided a wider selection of candidates and attracted experienced applicants from around the world. These successful campaigns have continued into 2022/23 and are showing positive results for our previously hard to fill posts. NHS Orkney has successfully recruited Consultant Surgeons, a Consultant Anaesthetist, a Consultant Psychiatrist, Consultants in Obstetrics and Gynaecology, several GPs based on the Isles and Locum Consultants. Consultant Physician posts have proven to be extremely challenging to recruit, despite several rounds of recruitment respectively, there have been no appointments made. Some Dental positions have similarly been difficult to recruit with several unsuccessful recruitment campaigns over the past 12 months.

Part time staff are much more prevalent in this job family. In order to recruit and retain staff in this job family a number of flexible working arrangements are offered to applicants. A common approach is the use of an annualised hours contract where the colleague is not full time but works a set number of weeks throughout the year for NHS Orkney. This gives colleagues the opportunity to work in a remote and rural position for part of the year and have contracts elsewhere in the country, or indeed the world, for the remainder of the year. This is very popular particularly with GPs based on the outer Isles. That being said, some of our more recent applicants have spoken about their love of Orkney and wanting to move with their families to the island. Out of 6 consultants recently recruited 4 have relocated to Orkney with their families on full time contracts.

The age profile of staff in this category tends to be at the older end as demonstrated in the chart above. Many staff working in Orkney face the challenge of needing both generalist and specialist skills to deliver their roles and maintain services within small clinical teams. In the Medical and Dental job family this level of experience is more commonly seen with older colleagues.

## **Medical**

The Financial Sustainability Office are currently assisting the Medical Director in undertaking a review of the Medical Consultant workforce going forward. This involves reviewing consultant job plans, activity arrangements, rota cover requirements and on call arrangements (this is not an exhaustive list). This work will help ensure the establishment of the consultant workforce is fit for purpose, providing quality, safe, effective and patient centred care as well as helping to reduce costly locum expenses. Until this work is complete it is difficult to ascertain the gaps and therefore projections of requirements for the consultant workforce. It is expected this review will be completed within the 2022/23 financial year.

A recent recruitment campaign for GPs on the outer isles was successful with all vacant posts filled which will help with stabilisation of the service over this financial year. It is hoped that will allow alternative models of care to be considered in future financial years.

Infection Control medical support is offered via NHS Grampian but this is limited to 2 sessions per week. Currently that is insufficient to meet the needs of NHS Orkney and is noted as a risk on the risk register. A projected increase in sessions to a total of 4 per week is required.

## **Dental**

The Public Dental Service (PDS) is run directly by each territorial NHS Board, and comprises salaried dentists and supporting staff contracted to the Board. Their core role is to provide oral health care services for people with complex needs, including vulnerable groups. The PDS also provide a service for those who, due to shortfalls in NHS provision, cannot access care from independent contractors. In line with the policy of Scottish Government, Boards continue to rebalance, where capacity

permits, provision from PDS to independent contractor GDPs for the majority of mainstream patients with routine treatment needs.

While technically separate, the workforce, systems and structures within a Board that staff and manage the PDS, also support the out-of-hours Emergency Dental Service (EDS) and outreach programmes, as well as Oral Health Promotion activities such as Childsmile and Caring for Smiles.

Orkney PDS also provides intermediate level care in a limited number of the dental specialities, often in close association with mainland consultant colleagues. All parties are now working to remobilise to pre-pandemic PDS activities. However, activity in the PDS remains reduced, against a backlog of care and treatment for patients waiting to be seen, largely due to staffing limitations. Furthermore, building on the good work of the pandemic Urgent Dental Care Centres (UDCCs), the PDS continue to provide urgent dental care for those unable to access this through independent GDS contractors.

During the pandemic, available evidence suggests that existing inequalities have been exacerbated. Challenges that were significant before the pandemic have been made more acute. Particularly pressing issues to be addressed centre around ensuring domiciliary care services are fully remobilised, and child oral health care. While Orkney PDS has enjoyed good access to theatre lists throughout the pandemic, capacity for orthodontic and, to a lesser extent, special care and restorative treatment delivered at an enhanced skill level, remains limited.

There is a significant reform programme planned across NHS dental services and the PDS remains a key stakeholder in reform considerations, particularly for those patients considered as PDS appropriate. Clarification of the PDS core functions at a National level will constitute an essential element of developing whole system reform across the whole gambit of dental services, in order to clarify roles and maximise competencies and capacity in each sector. This will, in turn, support the sustainable delivery of patient focused realistic dentistry: the right care, in the right place, by the right person.



There are two particular areas where service demand is not currently being met.

- Enhanced skills level. The resignation of the practitioner delivering orthodontic care, in late Summer 2021, has left a significant gap in provision. Additionally, there are gaps in both special care and restorative dentistry following the retirement and return on reduced hours, of another Senior Dental Officer. These two changes have left capacity significantly reduced at this enhanced skills level.
- Increased demand from those unregistered with a dentist, and unable to access care in the independent GDS, adds pressure at Dental Officer Level. Recruitment will be required to support the service.

While data to display this is not currently available, the picture for NHS dental care is predicted to fall more towards the salaried service. This is predicted as a consequence of a reducing appetite for the delivery of NHS care in independent practice and the increase in population of Orkney. Anecdotally, across the whole of Scotland recruitment, and consequently capacity, is challenging for all dental roles. This especially relates to remote and rural, but tellingly, is being reported from Central belt Boards too.

Data from PSD from early 2022 suggests in the region of 175 fewer dentists are listed with Boards across the Country compared with pre-pandemic. This represents a significant workforce pressure when considered with the additional effects of graduation and vocational training delays during the pandemic period. Attracting the right applications to vacant posts may be complicated if the national picture does not improve.

It is anticipated that the salaried services will be facing pressure to expand beyond the pre-pandemic position. This will be at the very least until the national picture is resolved. Clarification is needed at a national level on the GDS contract (both scope of the NHS offer and consequent remuneration) and an increase in NHS workforce.

Given the experience of England, Northern Ireland and, to a lesser degree, Wales, resolution of a National independent GDS contract is likely to be a medium to long term process. As a consequence, NHS Orkney should look to recruit to permanent posts wherever possible.

Locally, there are clinical staff with some of the necessary skill sets and others with the ability to support, if a limited amount of specialised training were sourced. There is also a current underspend in budget to support however a significant amount of work is required to review the dental budget and update the establishment of the dental workforce.

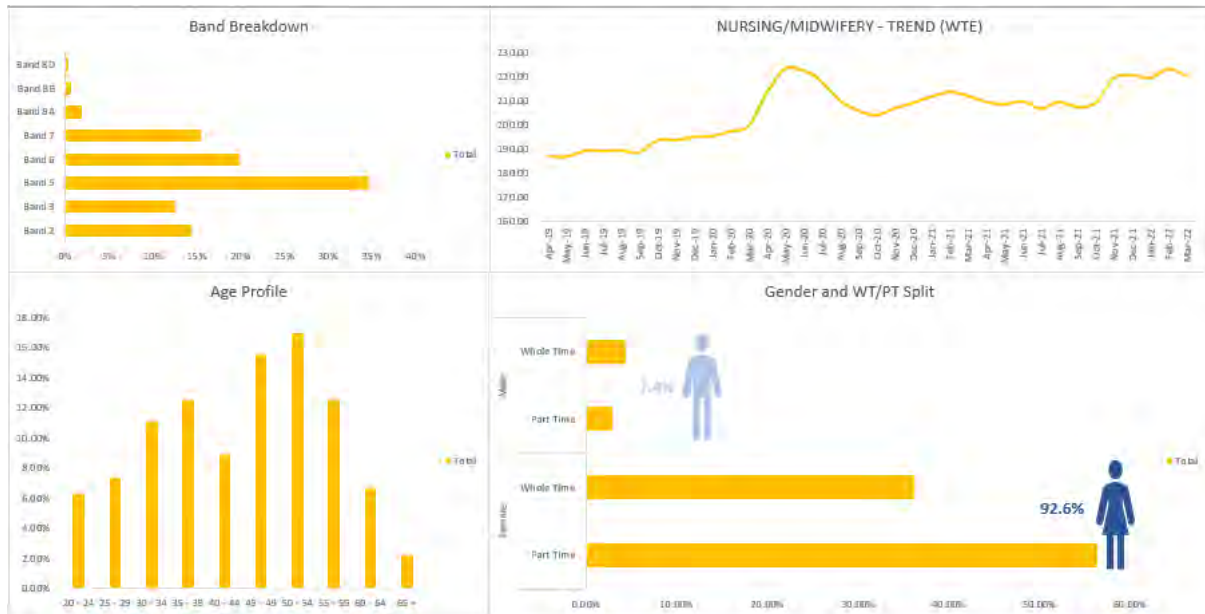
### Medical and Dental Gaps and Projections<sup>1</sup>

Anticipated Timeframe	Role	Band/Grade	Whole Time Equivalent
12 months	Senior Dental Officer(s) – Special Care, Orthodontics and Restorative Dentistry		TBC
	Salaried Dental Officer – to deliver on COVID-19 backlog and access		TBC
	Dental Officer		TBC
	Consultant Physician		2 wte
	Director of Medical Education		2 PA per week
	GP with Special Interest in Dementia		2 PA per week

<sup>1</sup> Further details included in appendix 2.

	Infection, prevention and control Doctor – projected requirement		2 PA per week
24 months	Clinical Director Community Further detail will be confirmed when review complete		4 PA per week
36 months	Will be confirmed when review complete		

### 3.2 NHS Orkney Nursing & Midwifery Workforce



Over the last three years the NHS Orkney Nursing and Midwifery workforce has continued to grow, up 33.4wte (17.9%) since April 2019, although this growth is not reflected across all areas as some locations are yet to return to pre 2019 funded establishment<sup>2</sup>.

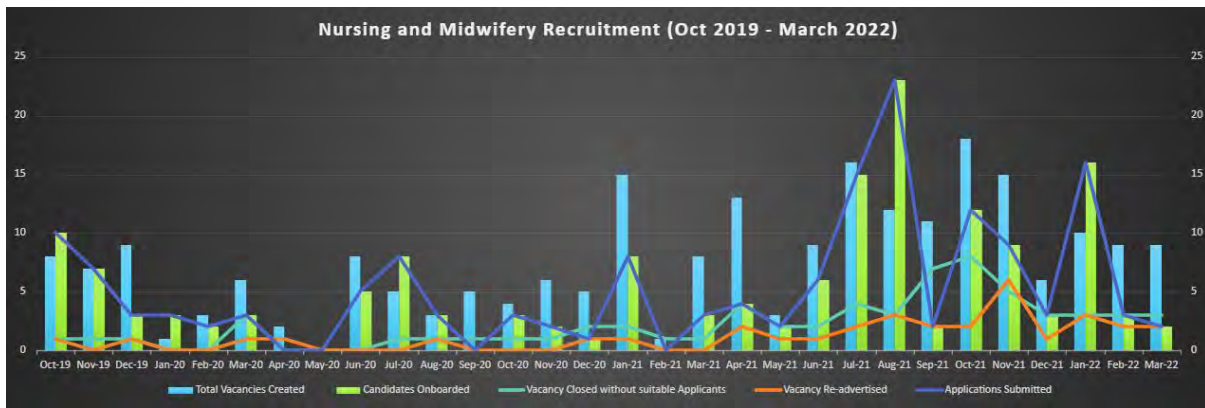
The gender split is one which is commonly seen across NHS Scotland. The age profile shows 21.4% of staff in the Nursing and Midwifery workforce are aged 55 and over. There have recently been a significant number of retirements in key roles throughout this job family and further retirements are highly likely across all bands in this job family in the next three years.

Recruitment in Nursing and Midwifery has been successful, as shown in the chart below, with at least 1 candidate onboarded in every month between October 2019 – March 2022 bar 3 months.

<sup>2</sup> For example, Inpatient 2, operating theatre



## NHS Orkney Workforce Plan 2022-2025



Nursing and Midwifery Job Sub-Families within NHS Orkney have increased in most areas since April 2019 as shown in the following table.

NHS Orkney Job Sub-Family changes since April 2019		
Job Sub-Family	Headcount	WTE
CARE OF THE ELDERLY NURSING	3	2.3
DISTRICT NURSING	4	2.5
GENERAL ACUTE NURSING	12	10.9
HEALTH VISITOR NURSING	2	1.4
MENTAL HEALTH NURSING	0	0.2
MIDWIFERY DIRECT CC	2	1.8
MIDWIFERY INDIRECT CC	0	0.0
NURSING TRAINING/ADMIN/MGT	1	0.9
OPERATING DEPARTMENT	1	1.5
PUBLIC HEALTH NURSING	0	0.5
SCHOOL NURSING	1	1.0
SPECIALIST NURSING	9	6.5
THEATRE SERVICES	-1	-2.1
TREATMENT ROOM NURSING	5	2.8

However, over 28% of all vacancies advertised in this job family between October 2019 – March 2022 closed without suitable applicants. In line with the health and social care: national workforce strategy 5 pillars of the workforce journey, a review of the nursing and midwifery skill mix, including;

- Training, development and education framework
- shift patterns – 8-hour versus 12-hour
- 36-hour versus 37.5-hour contracts
- breaks away from the clinical area (working time directive)
- time to lead, including administrative support for teams / clinical areas

is planned to underpin a career structure to retain and progress the current workforce, including growing our own via undergraduate programmes<sup>3</sup>, reduce

<sup>3</sup> eg, pre-registration nurse education training via the Open University 4-year pathway – x4 entered the programme 2022 bringing the total number of OU student nurses currently in training to x11.

sickness absence and improve staff wellbeing, plus support recruitment, including international (see section 4).

The recently published NHS Orkney Clinical Strategy<sup>4</sup> outlines how services will be shaped, how the workforce will be supported and developed including investment and continuity of staff. Nursing and midwifery staff will play a critical role in the delivery of the healthcare, therefore the identification of strategies to optimise the safe staffing of these teams is a priority for NHS Orkney. A richer skill-mix, greater education, training and development levels, and higher nurse-to-patient ratios are associated with better patient outcomes, increased staff wellbeing, decreased healthcare spending and improved workforce retention<sup>5</sup>.

An audit, using the [Royal College of Nursing: nursing workforce standards](#), has been completed with the results highlighting several areas for improvement, including an annual review of the nursing workforce, review of predicted absence allowance, practice development provision, decision on nursing staffing is recorded.

## Health and Care Staffing Act Implementation

The focus of the Health and Care (Staffing) (Scotland) Act 2019 is to ensure that at all times suitably qualified and competent individuals are working in such numbers as are appropriate for the health, wellbeing and safety of patients; the provision of safe and high-quality health care and the wellbeing of the staff.

Progress with embedding the general principles and duties of the Health and care (Staffing) (Scotland) Act 2019 across the nursing and midwifery family has been impacted by a complex picture of vacancies, sickness absence, COVID related absences, unplanned absence resulting in an unpredictable nursing and midwifery workforce leading to capacity constraints.

Against this challenging backdrop progress is being made. Several nursing and midwifery teams have been working alongside the Healthcare Staffing Lead Nurse in considering timings for workload tool runs; supporting the national Healthcare Staffing Programme by testing real time staffing resources and assisting with the development of resources for the knowledge and skills framework.

National real-time staffing resources are in use collecting data in maternity and inpatients; with locally produce resources in use in the out-patient department and dialysis unit. Further detail on the Health and Care staffing act implementation will be provided in Section 6: Action Plan.

## Corporate

A stable and clear nursing and midwifery leadership structure is key to successful delivery of the 3-year nursing and midwifery workforce plan. The vacant Director of Nursing, Midwifery and Allied Health Professions (AHP) post has recently been out

---

<sup>4</sup> [NHS Orkney Clinical Strategy – Sep 22](#)

<sup>5</sup> Nursing staffing and inpatient mortality in the English National Health Service: a retrospective longitudinal study - BMJ Sep 22



to advert with a preferred candidate identified. The Deputy Director of Nursing and Lead AHP posts remain vacant as do clinical nurse manager roles which will figure in the nursing and midwifery structural review once the new Director of Nursing, Midwifery and AHP takes up post in the near future with role titles amended to reflect guidance from the Chief nursing Officer (Scotland) Directorate. Other areas for review include

- Senior nurse cover (24 hours)
- Clinical manager and senior charge nurse / team lead leadership and management development
- Local stoma, bladder and bowel, tissue viability provision; specialist advice / support via reach back to a mainland Board underpinned by a Service Level Agreement (SLA) for peripatetic visits
- Practice education and practice development provision<sup>6</sup>
- Access to paediatric nursing advice
- Advanced practice – secondary care

## Secondary Care Nursing

Agency nurse use within the hospital setting is common as the funded establishment, when modelled, is adrift, eg, emergency department: 7.61 WTE; Inpatients: 16.19 WTE. Reducing the agency usage is a priority for the first half of 2022/23 requiring a review of the following:

- Funded establishment / vacancies
- Rostering / rostering practice / skill mix
- Sickness absence
- Shift patterns
- Patient flow / Discharge Planning
- Leadership opportunities
- Skills development – coaching, clinical skills, competencies, workshops
- Administrative support
- Time to lead for Senior Charge Nurse / Team Lead

## Emergency Department

Nursing staffing across the emergency department (ED) continues to experience significant challenges. This is predominately driven by year-on-year increase in clinical activity, 48% since 2015 (emergency and unscheduled care), remobilisation, continued enhanced infection control pathways and processes, and latterly, the delivery of high dependency / critical nursing care due to non-availability of in-patient high dependency / critical care capability. Between April and June 2022 there was:

- 1,827 attendances
- Consistent 4-hour breaches; 19 during 1 week in April 2022

---

<sup>6</sup> Gibbins Report 2012 – recommendation: employ a practice educator for Acute Services; Healthcare Support Worker (HCSW) development programme; competency framework for High Dependency Unit (HDU) - rotation through NHS Grampian intensive care unit; competency framework for surgical and medical nursing

- A spike in mental health attendances in April and May 2022, including those requiring admission to specialist mainland facility

An audit using the [RCN: Nursing Workforce Standards for Type 1 ED](#) has been completed highlighting a number of areas for improvement and which will drive the workforce focus over the next 3 years, including;

- An annual review of the ED nursing workforce
- Use of the Common Staffing Method to inform workforce requirement, including an annual specialist workforce tool run and implementation of real-time staffing assessment
- Scoping dedicated practice development support
- Access to paediatric nursing advice
- Introducing the RCN / Emergency Care Association National Curriculum and Competency Framework for Emergency Nurses: [Level 1](#) / [Level 2](#)
- Review specialist mental health InReach capability
- Scoping utility of assistant practitioner (Band 4) healthcare support worker
- Dedicated administration / reception staff

## Inpatients Wards

Inpatient areas, including high dependency provision, have been impacted by a prolonged period of vacancies, sickness absence, COVID related absences, unplanned absence leading to a delivery model reliant on agency and bank staff to underpin the nursing workforce. This heavy reliance on temporary staff is not only financially unsustainable it also impacts on patient safety<sup>7</sup> and the ability for substantive staff to be released from clinical care to undertake mandatory, and role specific development, training and education. Work to understand what the nursing skill mix and workforce numbers required to safely deliver high quality care across the inpatient areas has been underway for some time and has highlighted the following areas for improvement;

- Urgent review of the funded establishment, including skill mix and annually thereafter
- Use of the Common Staffing Method to inform workforce requirement, including an annual specialist workforce tool run and implementation of real-time staffing assessment
- Senior charge nurse (SCN) and senior staff nurse leadership and management development
- Dedicated practice development support
- Access to paediatric nursing advice
- Introduction of core clinical skills underpinned by a National Competency Framework for ward areas and HDU
- Time to lead for the SCN
- Band 2 to Band 3 healthcare support worker development (National Profiles)
- 7-day a week administration support

## Clinical Nurse Specialist – Cancer and Palliative Care

---

<sup>7</sup> [Excessive use of temporary nursing staff 'risks patient safety'](#) - Nursing Times 12 Dec 19

The clinical nurse specialist (CNS) led cancer and palliative care service supports patients requiring palliative care, undergoing chemotherapy, post-operative cancer surgery to inpatients and on an outpatient basis. A trainee CNS post was established in 2021 underpinned by external funding until March 2023. The team have recently expanded their portfolio to include wig advice/service and have identified the following gaps;

- A breast prosthesis service
- Capacity to complete community visits
- Administrative support

## **Day Unit**

The Day Unit operates 5-days a week for 10-hours a day delivering ambulatory (infusion) care alongside nursing care for day surgery patients. The reopening of the discharge lounge, a 12-hour day service Mon-Fri and moving to criteria (nurse) led discharge for day unit, access to paediatric nursing training and advice are future work strands, workforce, capability and capacity dependant.

## **Out-patient Department**

The Outpatient Department (OPD) nursing workforce is fragile with the service underpinned by other departments for the delivery of the service, e.g., splinting/plastering, or the capability is limited to a single individual. Building resilience into the service is the key priority, specifically;

- Pre-assessment service
- Intravitreal injections
- Fracture clinic – plastering/splinting

In addition, the Primary Care Improvement Plan necessitates incorporating a phlebotomy service into Outpatient Services. This provision requires the establishment, recruitment, development, education and training of 1.37 WTE Band 3 healthcare support workers before 1 April 2023.

## **Dialysis Unit**

Recent events with COVID-19 have illustrated how vulnerable the Orkney Dialysis Unit is when the nursing workforce are not available to work. In recent weeks Datix have been submitted when staff levels were below safe levels and when the unit was unable to provide dialysis patients with the optimum length of treatment. Senior staff cancelled annual leave or returned to work when still unwell in order to ensure continuity of service. Efforts have been made to train bank staff and bring in agency staff trained in haemodialysis. However, due to the complexity of running a rural and remote nurse led dialysis service, this group of staff have been unable to assume leadership of the unit over a shift. The proposal is to train all substantive staff in the unit to be able to take charge of the unit. This will require time, training and ongoing clinical experience within this speciality.

Increase in the activity of Dialysis Unit, from 6 to 10 patients requiring haemodialysis, necessitated increased opening hours. The staffing ratio for these patients has been calculated as 1 haemodialysis nurse: 2 haemodialysis patients. National staffing ratio guides are difficult to use in a remote and rural satellite unit due to the additional roles performed by staff. This includes assessment of low clearance (pre-dialysis) patients, post-transplant assessments, venepuncture, post-transplant infusion therapy, coordinating transport, arranging dialysis away from base and equipment upkeep, ensuring water quality compliance. In addition, there is no administration support within the unit. The Senior Charge Nurse (SCN) role should consist of 80% clinical leadership/20% clinical practice. At present the SCN is required to work clinically the majority of the time.

A locally designed haemodialysis specific real time staffing template is in use and highlights that the service is currently reliant on seconded staff, bank staff, staff working additional hours and the SCN working clinically. An increase in substantive posts by 1 wte Band 3 HCSW, 1 wte Band 5/6 dialysis nurse development post and 0.2 wte Band 6 dialysis Nurse is required and would also allow the SCN time to fulfil the clinical leadership role.

## **Community and Ferry Linked Isles Nursing**

### **District Nursing**

The numbers, acuity and complexity of community patients have increased dramatically. Community Nursing has seen an increase in the complexity in overnight calls which then in turn impacts on the service during the day as staff then require compensatory rest. The team envisage additional training will be required with advanced knowledge and skills needed to support the ageing population and escalating complex healthcare needs. The Community nursing team recognise data is very light in fully understanding this change, as current systems do not easily support data collection, however data collection would be given top priority in future where possible.

### **Ferry Linked Island Nurses**

Community nurses provide regular support and cross cover to other service areas where they can, including AHPs and Isles Network of Care Nurses. For the past 6 months they have assisted with the Marie Curie workload as there have been no Marie Curie nurses in post due to ongoing recruitment issues. Marie Curie is a service commissioned through the Integrated Joint Board.

Community nursing services at NHS Orkney are very stretched due to unfilled vacancies and absences. Current establishment does not take into account a 22.5% absence uplift and managers currently do not have enough time to lead. The establishment also does not include support for staff, for example students, as additional time is required in order to support them appropriately. Establishment requires a review and once complete future gaps will then be understood more clearly.

## Primary Care

There are significant vacancies in nursing throughout primary care. There are several islands with no community nurses in place currently and many nurses are coming to the end of their career and expected to retire soon. A number of posts as part of the Primary Care Improvement plan have been approved but not yet advertised

## Clinical Nurse Specialists – Long Term Conditions

The Long-Term Conditions Clinical Nurse Specialist (CNS) service comprises of specialist diabetic, cardiac, multiple sclerosis (MS) / motor neuron disease (MND) and dementia specialist nurses. Of the 4 specialist areas 2 are singleton CNS post – dementia and MS/MND. Building resilience into the service is being considered.

## Vaccination

The national Vaccination Transformation Programme has required a vaccination service to be established at pace to deliver the annual vaccination and initial COVID vaccine programmes Sep 20. The national model, including workforce modelling, is proving to be challenging in a remote and rural environment; a mix of 0.8 WTE registered nurses underpinned by relief vaccinators via the bank. Building consistency, development and training and team cohesion to ensure the frequent changes to vaccination guidelines are communicated and implemented in a timely manner difficult.

## Maternity

The maternity service provides community and hospital based care throughout antenatal, intrapartum and postnatal periods which can include home birth requests with resultant impact on staffing levels. Birth rates have remained relatively static over the last 10 years. Projections are for birth rates to fall, however the changes in demographic and health and wellbeing of women impact on the level of support required. There are increasing numbers who have health or social care issues and require additional input. Changes in the age profile of women giving birth now show that the majority are over 25 with 61.7% over 30 and very small numbers of women under 20 at 0.01% of the total women booked in 2021.



A total of 55.5% of women booked in 2021 have one or more risk factors for diabetes. A dedicated multidisciplinary diabetes service has been set up locally to support optimum management for women who have diabetes or who develop gestational diabetes locally. Additionally, 55.5% of women booked in 2021 are recorded as vulnerable with the highest proportion, 42.9% of women reporting a current or past mental health issue.

A perinatal and infant mental health pathway development project is underway to develop pathways and determine workforce requirements across both maternity and health visiting services. Scottish Government funding is in place until March 2023 with an early indication that national funding will continue at least for 2023/24. Bereavement care is another area where significant development is required. The new national pathway is still to be fully implemented. Scottish Government has committed to establishing a dignified, compassionate miscarriage service tailored to the needs of women by the end of 2023.

Recent recruitment for two wte midwifery posts was unsuccessful. There are shortages of midwifery candidates across the country, however, recruitment for midwives has generally been successful at NHS Orkney with targeted and direct succession planning including repatriation of local midwives as they qualify and access to initiatives such as the shortened programme to develop and “grow our own”. Re-advertising the Midwife posts on this occasion will include an option for band 5 newly qualified midwives in order to help attract prospective applicants. If recruitment is successful it would mean a shift in balance of experience which would need to be considered given the nature of the local service. Additionally, a trainee sonographer is due to start their course in September 2022 which will assist with the current 1 wte vacant Sonographer post – a further example of “growing our own”.

There are early discussions about the introduction of band 4 Maternity Care Assistant roles for specific areas of Public Health provision, for example, support for smoking cessation or weight management. This is still at scoping stage and feasibility and projected wte is not yet determined.

Vacancies and pandemic restrictions have impacted on staff resilience. Ongoing work to consider workloads and alternative delivery models has given the team the opportunity to work creatively to deliver services. There has been significant change in the composition of the team with several retirements and people moving on over the last 2 years and changes are ongoing with further retirements and recruitment expected.

## **Health Visiting**

Health visitors provide the named person link for pre-school children with involvement in Child Protection and integrated working with Education and Social Work colleagues to support vulnerable families. Staffing establishment is now set by Scottish Government as part of the implementation of the Universal Health Visiting Pathway in Scotland: pre-birth to pre-school requirements, however, vacancies within the team are impacting on full delivery of the Universal Pathway. Where possible all visits are being provided, however there have been periods where some visits have had to be paused due to reduced capacity.

Full increase in establishment has now been achieved following significant Scottish Government investment. Health Visiting recruitment has been an ongoing national pressure and this is also reflected locally where recruitment has been inconsistent. That being said we have successfully attracted external qualified Health Visitors, there are still gaps and there are two staff employed in development posts with HV training due to commence in September 2022.

## School Nursing

There are increasing numbers of children and families with health or social care issues requiring additional input. Referrals for mental health and wellbeing have increased significantly.

The qualified school nurse establishment has been set by Scottish Government as part of the refocused School Nursing work and implementation of the priority areas and Pathways in Scotland with a funded uplift of 1.2 wte locally. To meet this target, there is currently one trainee School Nurse who will complete training in Autumn 2022. In consultation with Scottish Government, it is recognised that recruitment to the balance of 0.2 wte is impractical and agreement reached to increase the wte within the remaining skill mix to best meet local need. Band 5 staff nurse hours have therefore been increased however this post is currently vacant. Having failed to recruit to the school nurse post, early discussions are underway to consider options and a potential for a development post.

## Mental Health and Learning Disability Nursing

The Community Mental Health Service (CMHS) delivers community services for people with a range of mental health issues covering adult mental health, older people's mental health, substance misuse and CAMHS. Care is delivered by Consultants, CPNs and support workers. In addition, there are two social workers attached to the team to support service users and provide some of the MHO cover. The CPNs provide an OOH service also and are required to care for any individual who has been detained in the Balfour Hospital under the Mental Health Act. This long-standing model is recognised as unsustainable as the trend is for greater numbers of detentions.



Other professionals who are not team members but have significant linkages with the team are the Psychology Service and the Specialist Nurses in respect of Learning Disability and Alzheimer's.

Key tasks of the team are:

- Provision of community based mental health services
- Provision of MHO service in conjunction with the ASW team in respect of advising on whether detention criteria are met and legally detaining where required
- Provision of the OOH rota
- Care of detained patients and participation in their transfer to an appropriate inpatient bed in RCH or further afield

The Community Mental Health Team has had significant pressure around the staffing of the mental health transfer bed over the last few months. The model that was established with the new hospital is one that has been recognised as not sustainable. The main issues identified include:

- Staff well-being when having to cover the transfer bed often after their day shifts
- Routine appointments with people on existing caseloads being cancelled
- The ability of the service to respond to crisis.

Indeed, arguably the impact of the transfer bed on the day-time services creates greater pressure on the transfer bed as the service is unable to ensure the right support at the right time. To quantify the extent of the challenge, across a relatively small team (six members of staff), the overtime associated directly with the transfer bed was 101 hours 40 mins in April 2022 and 81 hours in May 2022. For these reasons the current model is in urgent need of review.

A new Service Manager started in post in April and will lead on an options appraisal which will incorporate proposals for more sustainable approaches to the management of those patients requiring inpatient support and transfer to Grampian. It is anticipated that this will be completed in approximately three months albeit recognising that a move to implementing a new model will take some time thereafter. It is difficult to quantify a further timeframe for implementation until the initial work is complete.

## **Infection Prevention and Control**

Infection, prevention and control is an advisory supportive service to frontline staff, educating, training ensuring patient safety, undertaking audits, surveillance of infection monitoring, undertaking root cause analysis by liaison with clinicians and responding to all alert infections, both current and horizon scanning alerts. The service covers primary, secondary, community and residential care for older adults. Support for care homes and community care is increasing.

Overall, infection, prevention and control responsibilities are growing year on year with teams now required to have a competent person for new build and refurbishments, ventilation and water as well as all other infection, prevention and control duties. This won't be achievable within the current service provision and establishment.

There is currently no capacity in the team for proactive training or improvement projects. The team are very reactive and even at full team capacity the Infection Control Manager is required to work operationally. A number of targets are in place for improvement and these are yet to be actioned. Some improvement projects established by Infection, Prevention and Control have fallen when handed back to clinical teams for management, for example, Catheter associated urinary tract infection improvement work, which impacts on E.Coli Bacteraemia national target.

There is currently no provision within the team for training allowances, time to lead or predicted absence allowance. The team are currently carrying 1.3 wte posts vacant and with a prediction of 1 wte band 3 in the next few months.



Recognising a difficulty to recruit, “growing our own” is a regular route of the Infection, prevention and control team with colleagues released on training over long periods of time. Use of colleagues across different job families is also considered and development posts will be advertised to help with gaps in future.

## Occupational Health Nursing

Building resilience into NHS Orkney’s occupational health service is paramount. A second, 1.0 WTE occupational health nurse (OHN)<sup>8</sup> will build resilience into the service by providing day-to-day support to the 1.0 WTE occupational health nurse manager plus administrative support.

## Nursing and Midwifery Practice Education and Practice Development

Focus on training, development and education of the nursing and midwifery workforce is a key element of the 5 pillars of the health and social care: national workforce strategy, Health and Care (Staffing) (Scotland) Act and the RCN: Nursing Workforce Standards. The practice education and practice development team (PEPDT) are pivotal to the delivery of the Board duties<sup>9</sup> underpinning the health, wellbeing and safety of patients through the provision of safe and high-quality healthcare.

The PEPDT are at full stretch supporting pre-registration student nurses on the Open University (OU) undergraduate course and those on clinical placement from higher education institutions leaving minimal capacity to support postgraduate / role specific training and development. A review of the current funded establishment has been undertaken and with the following has been identified

- Review structure and governance of Clinical Practice Education Team
- Band 6 (band 5 training post – teaching qualification) 1.2 wte<sup>10</sup> – absorb some of the CEF role, supporting senior clinical skills facilitator – HCSW & H&C (Staffing)
- Reach back to a mainland Board underpinned by a service level agreement, including peripatetic visits

## Forensics

New service provision in the last 6 months underpinned by a nursing workforce who are called in when required. This is in addition to their substantive role and therefore has the potential to impact on other services following a call out and to ensure currency with on-going training.

---

<sup>8</sup> [NMC registered specialist community public health nurse \(SCPHN\)](#)

<sup>9</sup> 121A: Duty to ensure appropriate staffing; 121I: Duty to ensure appropriate staffing; training of staff; 121L: Training and consultation of staff – Health and care (Staffing) (Scotland) Act 2019

<sup>10</sup> eg, clinical skills delivery, healthcare support worker training & development, absorb elements of the clinical education facilitator role

## Public Protection

A strategic and advisor to the board was appointed Jan 21. Funding to scope the future service provision has been secured and is yet to commence. It is recognised that there are gaps in the service provision as currently the workforce is 1.0 WTE.

## Nursing/Midwifery Health Care Support Worker Review

The Job Evaluation Group of the UK Staff Council issued revised Band 2 and Band 3 Nursing Clinical Support Worker profiles with effect from August 2021. Following the revision of these National Profiles a short life working group was set up at NHS Orkney to review and update the job descriptions for all Nursing Healthcare Support Workers at Band 2 and Band 3 to ensure appropriate alignment with the new National Profiles. A total of 106 (headcount) staff are currently in Band 2 positions and their duties will be analysed, once the job description review is complete. It is anticipated a high percentage of the duties undertaken by these colleagues will more likely match against a Band 3 job description as opposed to remaining Band 2. This work should be completed within the 2022/23 financial year.

## Nursing and Midwifery Gaps and Projections<sup>11</sup>

Anticipated Timeframe	Role	Band/Grade	Whole Time Equivalent
12 months	<b>Corporate</b>		
	Director of Nursing (vacancy)	Band 9	1.0 wte
	Deputy Director of Nursing (vacancy)	Band 8b	1.0 wte
	Clinical Nurse Manager (Acute) (vacancy)	Band 8a	1.0 wte
	Clinical Nurse Manager (Community) (Vacancy wef Jan 23)	Band 8a	1.0 wte
	<b>Emergency Department</b>		
	Registered Nurse	Band 5	3.8 wte
	Healthcare Support Worker	Band 3	3.4 wte
	<b>Inpatient Areas</b>		
	Senior Charge Nurse ward (vacancy)	Band 7	1.2 wte
	Senior Staff Nurse - ward	Band 6	2.5 wte
	Senior Staff Nurse - HDU	Band 6	2.5 wte
	Registered Nurse - ward	Band 5	1.07 wte
	Healthcare Support Worker - ward	Band 3	6.15 wte
	<b>Macmillan (CNS) Service</b>		
	Healthcare Support Worker (vacancy)	Band 3	0.8 wte
	<b>Day Unit</b>		
	Senior Staff Nurse	Band 6	0.83 wte
	Registered Nurse	Band 5	0.4 wte
	Healthcare Support Worker	Band 3	4.9 wte
	<b>Out-patient Department</b>		
	Preassessment Nurse	Band 6	1.2 wte

<sup>11</sup> includes 22.5% predicted absence allowance (PAA) and further details included in appendix 2.

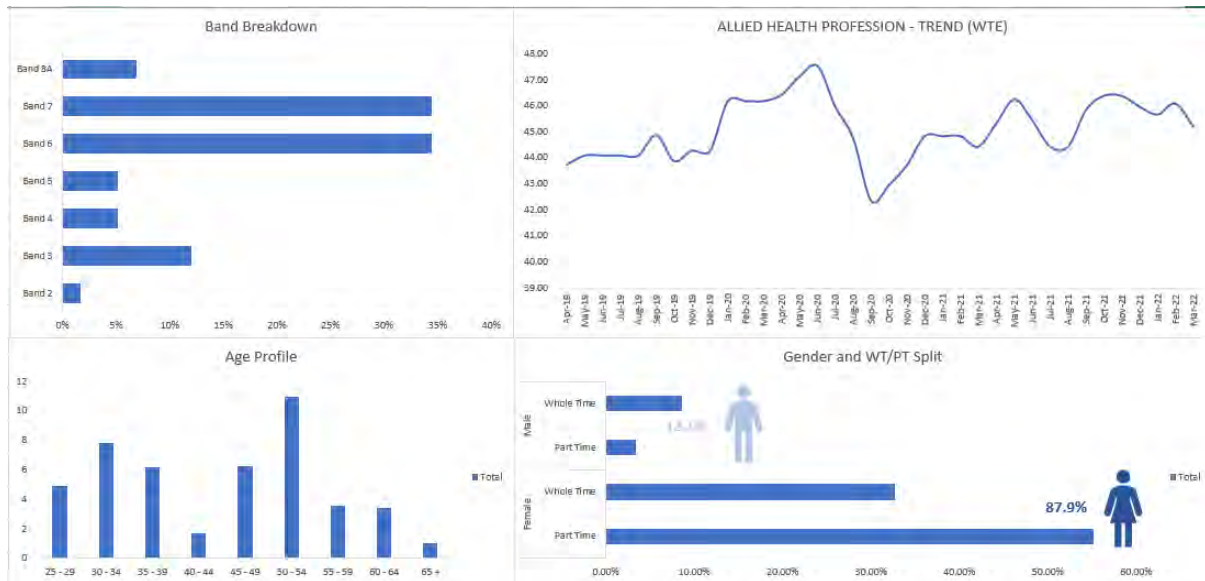
NHS Orkney Workforce Plan 2022-2025

Intravitreal Registered Nurse	Band 6	0.53 wte
Infusion Registered Nurse	Band 5	1.2 wte
Healthcare Support Worker (OPD) – phlebotomist	Band 3	1.37 wte
<b>Dialysis</b>		
Dialysis Nurse (possibility for development post)	Band 5/6	1.2 wte
Dialysis Nurse	Band 6	0.2 wte
Health Care Support Worker (dialysis)	Band 3	1.2 wte
<b>District Nursing</b>		
Senior Charge Nurse (vacancy)	Band 7	0.6 wte
District Nurse	Band 6	1.2 wte
Community Staff Nurse	Band 5	TBC
Healthcare Support Worker (community)	Band 4	1.2 wte
<b>Ferry Linked Island Nurses</b>		
Advanced Nurse Practitioner (gap in current establishment within Isles Network of Care)	Band 7	3 wte
Senior Community Nurse (gap in current establishment within Isles Network of Care)	Band 6	0.8 wte
Community Nurse (gap in current establishment within Isles Network of Care)	Band 5	0.6 wte
<b>Vaccination Service</b>		
Vaccinations Nurse (awaiting approval as part of Primary Care Improvement Plan)	Band 6	0.08 wte
<b>Community Treatment &amp; Care Nurses</b>		
Community Treatment and Care Nurse (funding approved as part of Primary Care Improvement Plan for 0.4 wte and awaiting approval for 0.6 wte)	Band 5	1 wte
Community Treatment and Care Health Care Support Worker (funding approved as part of Primary Care Improvement Plan for 1.87 wte and awaiting approval for a further 1.5 wte)	Band 3	3.37 wte
Urgent Care Nurse Practitioner (awaiting approval as part of Primary Care Improvement Plan)	Band 7	2 wte
Nurse specialised in Stoma care (skills gap recognised due to retirement of currently established skilled staff)	Band 5	TBC
<b>Maternity</b>		
Midwife (readvertised gap in current establishment)	Band 5 or 6	2 wte
<b>Health Visiting &amp; School Nursing</b>		
Health Visitor (gap within current establishment)	Band 7	1.8 wte
School Nurse (failure to recruit gap within current establishment)	Band 5 or 6	1 wte

NHS Orkney Workforce Plan 2022-2025

	<b>Mental Health &amp; Learning Disability</b>		
	MH nurse (crisis intervention team)	Band 6	1.2 wte
	<b>IP&amp;C</b>		
	Infection, Prevention and Control nurse specialist (hard to fill gap within current establishment)	Band 7	0.3 wte
	Infection, Prevention and Control Registered Nurse	Band 6	1.2 wte
	Health Care Support Worker (IP&C) (gap within current establishment)	Band 3	1 wte
	<b>Occupational Health</b>		
	SCPHN – occupational health	Band 6/7	1.2 wte
	<b>Practice Education &amp; Practice Development</b>		
	Clinical and Practice Education/Development Registered nurse	Band 6	1.2 wte
	Health Care Support Worker Band 2/3 review	Band 2 move to Band 3	TBC
	Clinical Quality Improvement Lead (possibility for this post to be a Nurse or AHP to support Clinical Governance team, see section 3.10)	Band 7	1 wte
	Advanced Nurse Practitioner (Hospital) OOH	Band 7	2.75 wte
24 months	Maternity Care Assistant	Band 4	TBC
	Perinatal and Infant Mental Health	TBC	TBC
	Bereavement Services (Maternity)	TBC	TBC
	Health Visitor	Band 7	0.8 wte
	Senior Charge Nurse / Midwife - Time to Lead	Band 7	TBC
	ED Healthcare Support Worker	Band 4	TBC
	CNS – Macmillan (retirement)	Band 7	TBC
	Senior Staff Nurse - ward	Band 6	2.0 wte
	Senior Staff Nurse - HDU	Band 6	2.0 wte
	Advanced Nurse Practitioner (Hospital)	Band 7	2.75 wte
36 months	Infection, Prevention and Control Nurse Manager (expected gap in current establishment due to retiral)	Band 8a	1 wte

### 3.3 NHS Orkney Allied Health Professional Workforce



Allied Health Professions (AHPs) are a group of 14 professions registered with the Health and Care Professions Council (HCPC) UK which represents the third largest clinical workforce in health and the largest professional workforce in social care. AHPs deliver diagnostic, preventative, restorative and rehabilitative care and treatment across the continuum. Over the last three years the AHP workforce has had no growth in substantive investment and wte has varied between 42 to 47 wte but has ultimately changed positively by 1.4wte (3.3%) since April 2019. As is common across NHS Scotland the gender split is favoured towards females. The most common age range for AHPs is 50-54, however, 45% of the AHP workforce is aged under 45 which shows a positive skew towards the younger end of the workforce.



Recruitment in this job family has been consistent since JobTrain was implemented in October 2019 with a peak in candidates onboarded in the summer of 2021. Data has shown, however, that AHPs are the job family most likely to have a vacancy close without suitable applicants. More than 37% of vacancies that closed during this time period closed without suitable applicants. This causes delays and pressure in services with unfilled vacancies.

## **Governance, Professional and Operational Leadership and Management**

NHS Orkney and the Partnership have had significant gaps in strategic, professional, clinical and operational leadership and management across Allied Health Professions for a number of years. Interim investment in AHP leadership has highlighted how far behind the curve AHP's are in terms of internal investment and the services which can be offered.

In line with the new appointment of an Executive Nurse Director/Director of Acute Services, Allied Health Professions structure is under active review at a strategic, professional, clinical and operational level. This reflects and resonates with the structural changes proposed within the Health and Social Care Partnership for both Adult Services and Children's Services.

NHS Orkney and HSCP has not had continuity of AHP leadership at a strategic level for a number of years. This is essential to deliver Board and Partnership priorities and echoes the requirement in nursing, medicine and pharmacy strategic leadership. The national agenda for AHP's across GIRFEC, GIRFE and Right to Rehabilitation are national drivers for change which should be reflected in AHP leadership investment in line with NHS Boards and Partnerships across Scotland. Let alone, the value add of a corporate role that adds a different lens to executive delivery. The corporate risks sit within failure to progress, failure to act on key AHP Scottish Government Policy directions such as Ready to Act and ensuring Orkney has an Allied Health Professions' workforce, aligned, informed and engaged with the national landscape.

Corporate AHP leadership will be reviewed and established in Orkney in Line with national expectations and national strategic priorities for health and social care delivery. The professional governance impacts in Orkney will be reviewed and considered where the majority of professions do not have an accountable uni professional lead. This is a major clinical governance risk for Orkney Islands. The Orkney Health and Social Care Partnership are undertaking a review of operational management structure across Adult and Children's Services to ensure the structure maximises the delivery of health and social care services.

## **Physiotherapy**

The physiotherapy service provides multi-speciality physiotherapy provision across acute, ambulatory care, primary care and community settings. The service is not yet fully remobilised but this is a key delivery for 2022/23.

The Physiotherapy professional lead encompasses highly specialised spinal pathway service, OHS musculoskeletal assessment/workplace assessment and musculoskeletal caseload. There are challenges in managing the clinical component/demand of the post in line with the non-clinical requirements of the post.

The physiotherapy workforce is an ageing workforce with further potential retirements in the next 5 years. A significant percentage of the current workforce is

part time. It is difficult to recruit to less than full time hours within the small island system. However, a physiotherapy bank has been successfully used to support maternity leave and vacancies over the last 24 months. There is a limited pool of staff locally. The community physiotherapist routinely provides 3 hours provision per week to pelvic health patients but these hours are currently deployed to the community due to the pandemic.

Gaps in service provision have been recognised and are highlighted below:

- Acute/long COVID patients are currently being seen by locum staff. Pathway development is required and appropriate resources identified urgently.
- Specialist respiratory services, for example, national ambulatory care interface pathway needs to be developed, and resources identified.
- Neuro respiratory services is currently under resourced. The patient population is currently being supported by a locum specialist respiratory physiotherapist.
- There is a current gap in capacity for diagnostic respiratory provision. Local service provision is being scoped by the organisation.
- Obstructive Sleep Apnoea service being scoped for re-patriation locally
- OHS musculoskeletal provision has been absorbed by the current professional lead due to ongoing resource challenges.
- The chronic pain service has no designated physiotherapy resource. Patients are being seen throughout the teams, primarily musculoskeletal.
- The acute in-patient team are currently under resourced with a gap of 2 days a week.
- Frailty services, currently carrying a vacancy in the HCSW workforce, hopefully out to advert in the near future.
- All services are experiencing increasing demands due to repatriation of patients, ageing patient population, increase in long term conditions and the impact of COVID. National recruitment and retention concerns for the physiotherapy workforce increasing the challenge to recruit locally.
- Insufficient shared administrative support for teams.

Future service provision will continue to support the use of technology/remote consultations as appropriate to enable improved access to care. Vacant posts will be actively recruited. Scoping is currently underway for an advanced respiratory practitioner role to improve service provision to this patient population, physiotherapy is actively involved. The Associate Practitioner workforce will be increasingly used to further embed these roles into services to support clinicians with delegated clinical duties. Many practitioners are single handed therefore succession planning needs to be prioritised to build resilience into the service.

Service provision will be monitored through access times, discharge, prevention of admission and patient outcomes. With the increasing ageing population, an increase in long term conditions and the requirement to work longer these factors will have an impact on service provision increasing future demands on the physiotherapy workforce.



There is an aspiration to further improve pain management services through the development of an integrated team including physiotherapy, psychology, occupational therapy and pharmacy.

## **Occupational Therapy (OT)**

The Occupational Therapy Service is an integrated team providing services to the health and social care partnership with staff employed by NHS Orkney and Orkney Health and Care. OT has a stable and committed workforce with very little turnover in roles. Retirements within the past two years were all successfully replaced. Part time roles are common and have evolved from flexible working to suit family friendly policies. OT currently support the following areas: inpatient wards; Intermediate Care – both within homefirst (the discharge to assess team) and the intermediate community therapy team; Neurotherapy; Ageing Well (Falls and frailty team); Community; Community Equipment Service; all age learning disabilities; and the Sensory Impairment Service.

A number of gaps have been identified in the following areas:

- Hand therapy/musculoskeletal. This is currently being covered within the Intermediate Care Team but needs future consideration as a separate entity
- Work assessments. A growing number of requests have been received but historically Occupational Therapy did not offer this service due to staffing levels.
- Chronic fatigue/pain management/long covid. There is demand from GPs for these services and it would support rehabilitation and early intervention strategy but there is limited capacity to offer it at the current time
- Community rehabilitation. There is a need to consider future rehabilitation requirements across the teams to facilitate earlier supported discharge from the inpatient rehabilitation bed and more intensive community rehabilitation
- Insufficient admin for teams (0.6 wte) for the whole OT service
- Mental health and CAMHS – at present there is only 1 OT working across adult and children's mental health services. This will need to be reviewed particularly given the increased demand and complexity of referrals to these services.
- Short term wheelchair provision could potentially be a community equipment service issue

The OT team have recognised some significant challenges. Services are being supported by single practitioners with no allowance in current staffing establishment for annual leave, training and sickness absence so staff are continually having to move areas to cover high priority work. Routine and preventative work continues to sit on waiting lists. These waiting lists grew significantly during the pandemic and are not reducing but continuing to grow.

The OT Adult Lead reports insufficient time to lead. The adult lead post is responsible for 19 wte with a broad remit and still holds significant clinical caseload. The structure across AHPs make strategic planning problematic and managing staff across the Orkney Health and Social Care partnership increases workload issues, for instance, there are different IT and HR processes. It also limits flexible and agile workforce planning as budgets are not integrated.

In order to mitigate against gaps in service the OT team are looking to:

- Strengthen the multi professional intermediate care services – through development of home first (reablement team) – one additional OT post is out to advert for this (plus a number of other care roles). New HCSW roles (rotational with community nursing) are also to be developed this year.
- Move forward proportionate care agenda – recruitment to an additional community OT role to provide 35 hours of moving and handling support to partners
- Strengthen preventative work – recruit to new ageing well support worker (new generic role) and review skill mix and grades within the ageing well service
- Seek to achieve an increase to 5 WTE Band 6/G10 across the service.

Paediatric OT services is managed separately and is currently at full establishment. The paediatric OT service have seen an increase in referrals, especially for pre-school children with developmental delay. Normally children are seen within twelve weeks, but a number of referrals received following the schools return from lockdown, means the team are not currently meeting the twelve-week target. Referrals are triaged and prioritised, so urgent referrals are seen sooner if required. It is hoped usual waiting times will be returned by summer 2023.

There has been significant work done on the Neurodevelopmental Pathway which requires Occupational Therapy input alongside the rest of the multidisciplinary team. Additional staffing resource to implement the pathway has yet to be finalised and may require additional OT time going forward.

## Podiatry

Podiatry deliver active foot disease clinics, urgent care, foot protection, musculoskeletal services, dermatology and nail surgery. Active foot disease and urgent care continued during the Pandemic while all other services were suspended. Remobilisation has been a challenge due to severe staff shortages throughout the pandemic, and ever since. Resultant waiting lists have required extra clinical time to triage. Active food disease and urgent clinics have taken priority. Nail surgery and foot protection clinics have fully mobilised, however staffing gaps continue to impact on delivery. Musculoskeletal services have only partially remobilised and the National AHP Musculoskeletal target is not being met. Waiting lists require clinical triage and waiting lists are rising. Remobilising of musculoskeletal and foot protection clinics is a key deliverable of this financial year.



Service demand is difficult to accurately quantify by data as figures are affected by a multiple of factors over the last 2 years (people staying at home, short staffing, COVID-19, meaning long waits and unresolved backlog of patients) but, as we have an ageing and increasing population and an increase in systemic chronic and complex caseloads presenting late, in part caused by COVID-19, the trend of service demand is expected to increase in the future.

The team regularly do not have enough capacity for all clinical work to be completed and require dedicated time for non-patient facing, yet essential, tasks.

Recruitment and retention together with rising clinical service demand impacts on the services ability to deliver preventative early intervention. Capacity and resilience in a small team can hamper change.

Recruitment of staff to remove the staff shortage establishment gap is a key priority. There are national recruitment and retention issues with Podiatrists. One Band 5 post was advertised 8 times with no successful applicants. Two podiatrists have been working in the department to regain their registration with both due to complete courses soon. In order to help with resilience a Podiatry bank was created. The team is affiliated with two universities in Scotland and assist with student placements.

The department are set to use workforce tools to monitor workforce and service demands going forward and believe use of the tools may add evidence to review and change the workforce model. The current workforce is fragile and it is estimated the funded establishment is not fit for purpose.

## **Speech and Language Therapy (SLT)**

The service provides speech and language therapy for: children in clinic, home and school environments; adults in both hospital and community settings including acute dysphagia management; and adults with learning disability predominantly in community settings.

There are ongoing and significant waiting lists and waiting times for paediatric SLT. This predates COVID-19 and restrictions to provision have exacerbated this. Despite some initial investment and a skill mix review approximately 5 years ago plus additional funding specifically to introduce an Adult with Learning Disability service there has been little impact on waiting lists/times (combination of vacancies, increasing demand and the implementation of best practice and new pathways).

Work has commenced with the Lead AHP to further review the establishment and required capacity. Indications are that at least for the next 3 – 5 years additional capacity will be required to clear the backlog and waiting lists. During this time there will also be the opportunity to fully assess required wte and business case development to address clinical need and capacity. Workload is anticipated to increase as we continue remobilisation post COVID-19. Evidence is emerging that pre-school development milestones have been affected during the pandemic and it is anticipated there will be a further rise in referrals.

Adult services are also experiencing an increase in demand with increasing waiting lists and times. Fragility of the service due to small numbers has been demonstrated with the recent absence of the band 7 full time adult SLT lead. This has left both a skills and capacity gap. Some “acting up” has helped with this gap however additional support and supervision remain essential with reliance on colleagues outwith Orkney for this.

Locum cover is in place or being sought for paediatric, adult and adult learning disability services to try to fill gaps, but this does not fully meet the needs of the patients or organisation.

Currently all members of the team are qualified Speech and Language Therapists. There has been discussion about the need for a band 4 support worker role with significant benefit anticipated if this can be introduced. Exploration of this will be included in the work ongoing with the Lead AHP.

SLT have been active participants in the work to take forward the Neurodevelopmental Pathway along with other AHP and education colleagues. Implementation of the pathway will require direct SLT input. Capacity to undertake this and the wte required is being considered.

There are no vacancies within the current establishment however due to ongoing pressures (including at times vacant posts), establishment of up to date and evidence based pathways and extensive waiting lists and times, there has been a heavy reliance on locum support particularly for paediatrics.

## **Dietetics**

Covid-19 has changed ways of thinking and people are valuing nutritional support more. Dietetics were used to being the last point of contact, with GP referrals, but are now a first point of contact. Staffing levels are not equipped for Dietetics to be a first point of contact. There are more frail, housebound and immobile people and they are requiring more home visits. Home visits take longer than clinic appointments and most frailer patients do not have digital access, and some are deaf, so phone call appointments are not always possible. That being said NearMe was used during Covid-19 and worked well for the service.

Current staffing capacity cannot support the influx in home visits although these referrals tend to be the most urgent. Data collection and the use of real time staffing tools will be started to understand the staffing levels required to manage the increase in service demands and understand if the funded establishment is fit for purpose.

## **Radiography**

In 2021/22 the Radiography team piloted the use of portable x-ray equipment in the outer isles. The project worked well as a test of change and results were very positive. Prior to the commencement of the pilot there was a 73% non-attendance or permanently cancelled and following the introduction of the service, this has been reduced to zero. All patients being referred have had imaging completed in the isles. Feedback from GPs/Community has been very positive and a paper was presented at a national meeting which resulted in both Orkney and Shetland receiving equipment.

Radiography aim to ensure that any patient in Orkney is no more than fifteen minutes away from an x-ray clinic. This would include asking independent practices across the mainland of Orkney to see if clinics can be run within the surgeries.



The Radiography manager is currently recruiting a support worker which will allow higher banded colleagues to be released to work in more specialised areas. Radiography is expected to be fully staffed by the end of the second quarter of 2022/23 with appropriate recruitment plans already in place.

The potential for other AHP professions not currently embedded in the service offered in Orkney Islands should not be lost, such as the role of Art, Drama or Music Therapists in Mental Health/CAMHS services and Primary Care opportunities such as Dietetics and Occupational Therapy to name a few. The key priority over the next period of strategic planning is examining the evidence and opportunity for transformational change across the health and care continuum where this workforce can add value.

### Allied Health Professionals Gaps and Projections<sup>12</sup>

Anticipated Timeframe	Role	Band/Grade	Whole Time Equivalent
12 months	Director of Allied Health Professions <sup>13</sup>	TBC	1.0 wte
	Lead Allied Health Professional (Adults)	Band 8a	1.0 wte
	Lead Allied Health Professional (Childrens)	Band 8a	0.5 wte
	Advanced Respiratory Practitioner	Band 8A	1 wte
	Associate Practitioner post (to support frailty service)	Band 4	1 wte
	Acute services specialist physiotherapist	Band 6	0.4 wte
	Community Occupational Therapist (funded and currently out to recruitment)	Band 6/G10	2 wte
	Therapy Support Worker	Band 4	2 wte
	Podiatrist (within current establishment)	Band 5	1 wte
	Musculoskeletal Podiatrist (within current establishment)	Band 6	1.2 wte
	Speech and Language Therapist Adult	Band 6	0.8 wte

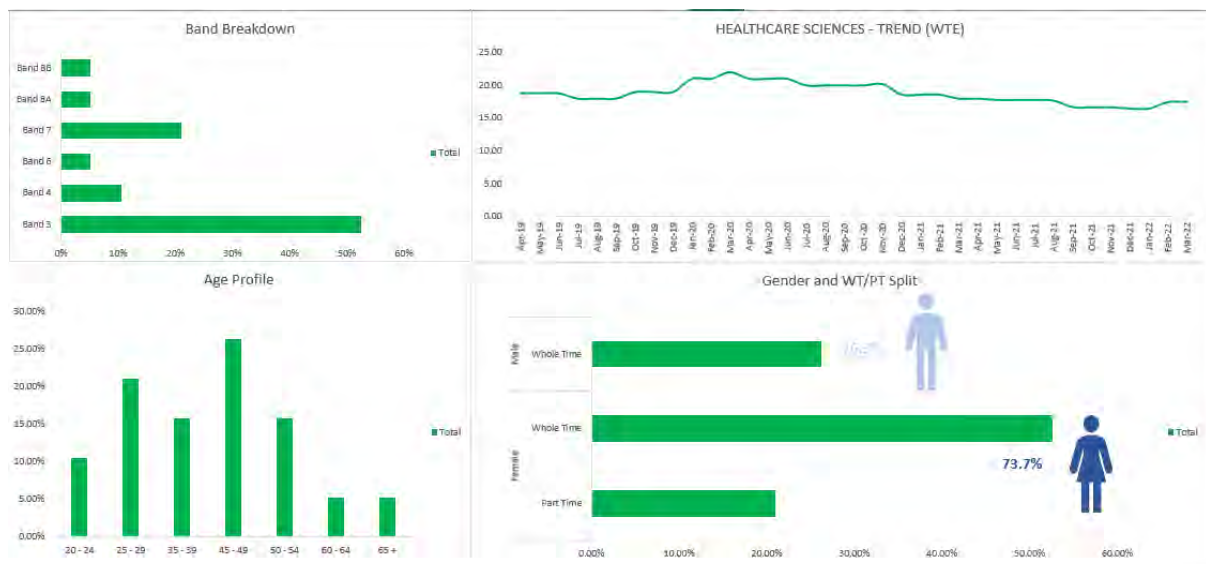
<sup>12</sup> includes 22.5% predicted absence allowance (PAA) and further details included in appendix 2

<sup>13</sup> This post is under review and has not been agreed or evaluated.

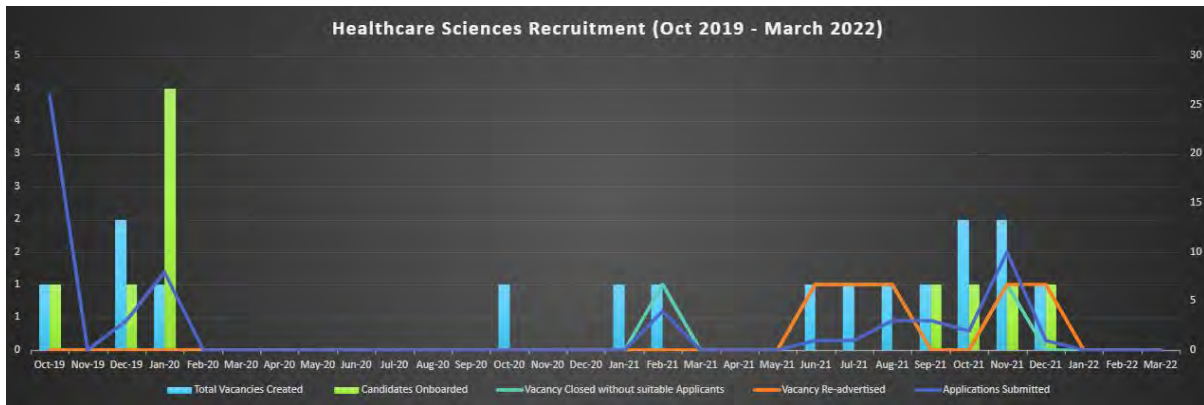
## NHS Orkney Workforce Plan 2022-2025

	Speech and Language Therapist Paediatric	Band 6	2.45 wte
	Speech and Language Therapist Adult Learning Disabilities	Band 7	1 wte
	Health Care Support Worker (Speech and Language Therapy)	Band 4	1 wte
	Associate practitioner Neurology outpatient/community service	Band 4	0.5 wte
	Associate practitioner acute services	Band 4	0.5 wte
24 months	Physiotherapist (for pain management)	Band 6	TBC
	Occupational Therapist (for pain management)	Band 6	TBC
	Occupational Therapist for Primary Care	Band 7	1 wte
	Occupational Therapist	Band 6	1 wte
	Paediatric Occupational Therapist (to Support Neurodevelopmental Pathway)	TBC	TBC
	Podiatrist	Band 6	1 wte (minimum)
	Neurodevelopmental Pathway (Speech and language therapy)	TBC	TBC
36 months	TBC		

### 3.4 NHS Orkney Healthcare Sciences Workforce



Over the last three years the NHS Orkney Healthcare Sciences workforce has reduced, down 1.4wte (7.0%) since April 2019. Over 31% of vacancies closed without suitable applicants between October 2019 and March 2022.



## Audiology

The audiology department at NHS Orkney is an extremely fragile service with just one clinician currently in post. There is a National shortage of audiologists. “Growing our own” options are being scoped to ensure resilience within the service with the possibility of recruiting and training a Band 5 or possibly recruiting a Band 3 or 4 technician. Alternative providers of the services have been scoped but Scottish Government do not approve this approach.

## Laboratory Services

The laboratory workload dropped very little during 2020-21 in the haematology and Biochemistry departments, while the microbiology department more than doubled its workload with the introduction of COVID-19 testing. With the return to business as usual the lab experienced an increase in workload across all departments in 2021-22.

The two blood sciences departments have been able to absorb the increase in workload more readily as all the work is run on analysers. The same is not true for the microbiology department which is predominantly a manual testing department. In order to cope with the increased workload, locum staff were employed and are still in place. The complement of staff in microbiology needs to be reassessed over the next year considering the increased workload. Introduction of a new Laboratory Information Management System will also help improve service in the future.

Staffing is in flux at present with three vacant posts within labs which are impacting on the structure. Successful recruitment to these posts would help reduce expensive locum costs. Recruitment of Biomedical science staff is, however, a challenge. Locally a colleague has successfully completed a period of training and is now a Band 5 Biomedical Scientist (BMS) (recruited through annex 21). Increasing qualified BMS staff using the in-house training route already used is a proven route and one that could be used to combat the difficulties with recruitment and retention of qualified staff. Whilst this will incur training cost at the start it will benefit the laboratory greatly in the long run having locally trained staff.



Multidisciplinary specialist portfolio training is also currently being scoped which would be ideal for progression of Band 5 staff to Band 6 grades as required, without the need to send staff to other labs for a period of time in order to train.

## Sterile Services

The facilities in the Central Decontamination Unit (CDU) at The Balfour are state of the art and seen as some of the best facilities in NHS Scotland. Work slowed during the pandemic due to less procedures taking place and therefore less instruments requiring cleaned. This gave the CDU team the opportunity to review practices and streamline processes where appropriate and support other Boards where required and capacity allowed.

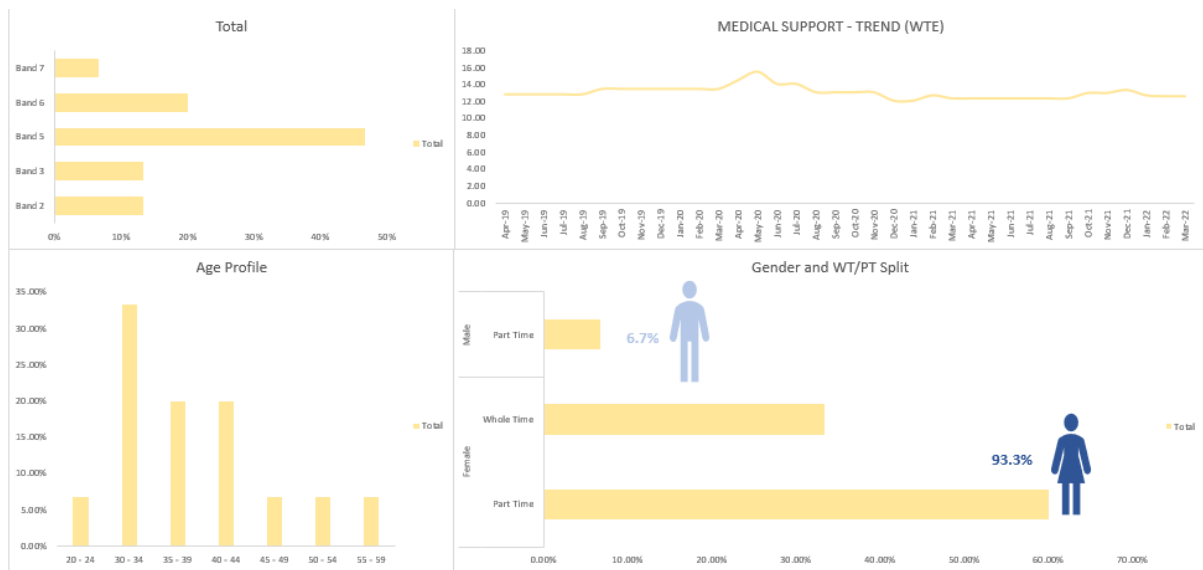
Some key roles within CDU are due to retire within the next few years. Work on succession planning is being considered to ensure there are appropriate skills in the current workforce to assist with future gaps.

## Healthcare Sciences Workforce Gaps and Projections<sup>14</sup>

Anticipated Timeframe	Role	Band/Grade	Whole Time Equivalent
12 months	Audiologist	Band 5 TBC	TBC
	Laboratory Manager	Band 8b	1 wte
	Biomedical Scientist - Haematology	Band 6	1 wte
	Medical Laboratory Assistant	Band 3	1 wte
24 months	Biomedical Scientist - Microbiology	Band 5/6	1 wte
36 months	Central Decontamination Unit Supervisor	Band 4	1 wte

<sup>14</sup> Further details included in appendix 2.

### 3.5 NHS Orkney Medical Support Workforce



The medical support workforce represents the nursing and AHP workforce who work in theatres. NHS Orkney has three operating theatres; general (elective) surgery, scope room and emergencies. General (elective) theatre times are 08:00 to 18:00 Monday to Friday. Emergency cover is provided 24 hours 7 days a week. Over the last three years the NHS Orkney Medical Support workforce has reduced, down 0.2 wte (1.8%) since April 2019.

The age profile is promising with the most frequent age range being 30-34 however the older workforce, who are likely to retire soon, are those with the most experience and in the higher bands. The retire and return policy has been successfully utilised to retain some skills in the workforce after a recent retirement.

Workforce analysis has shown the workforce is well below where staffing levels should be. Currently the day staff have to roster onto the emergency rota, which can result in the day shift extending beyond the 12 hour shift, which is in breach of the Working Time Directive or the team being called out during the night and the next day's surgical list being cancelled. There were a total of 12 call outs in April 2022 and 10 in May 2022. Lists cancelled due to call outs out of hours equated to 5 in April 2022 and 7 in May 2022.

Staff are also rostered to work Saturday morning 08:00 – 13:00 to fulfil the need to maintain the medication, equipment and consumable orders. This is due to the theatre department having no ancillary support. Furthermore the theatre team provide support to:

- Outpatient department with plaster clinic
- Intravitreal service
- Daily hold of the crash beep and the on call anaesthetic staff nurse is called out to the trauma calls.

At the present time theatre have authorisation to recruit: 2.6 x Band 5 WTE and 1 x Band 7. The advert has gone out 3 times with no applications.

Safe nurse staffing is essential to both the nursing and operating department (ODP) professions and to the overall health care system. Staffing affects the ability of all nurses and ODPs to deliver safe, quality person centred care in all practice settings. By eliminating unsafe nurse/OPD staffing practices and ensuring clear working policies are in places, we can provide better health care for all.

Negative Impact of diminished staffing:

- Theatre lists will not be completed on time
- Patient satisfaction will decline
- Work quality will be significantly reduced
- Current employees are suffering from stress and overworking, wellbeing issues
- Recruitment and retention negative
- Continued professional development opportunities are reduced

Benefits of adequate staffing levels:

- Theatre optimisation increased, reducing waiting times and off island transfers
- No need to hire Agency staff, which has a major and recurring cost implementation.
- A happier healthier workforce who have development, training and education opportunities

From the beginning of July, and through Aug 2022 theatre capability faces an even more depleted workforce, this is due to the commitment to existing staff for annual leave.

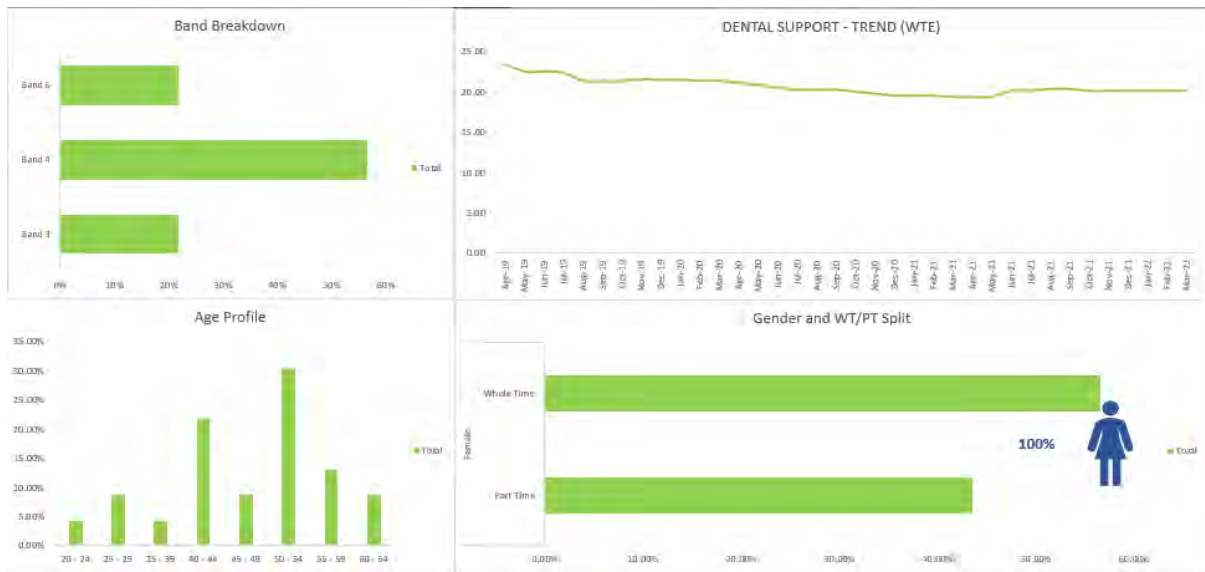
To run a safe and effective service over this period the department will require extra minimal staffing as noted in the table below (over and above the vacancies currently unfilled).

### Medical Support Workforce Gaps and Projections<sup>15</sup>

Anticipated Timeframe	Role	Band/Grade	Whole Time Equivalent
12 months	Senior Charge Nurse / ODP (unfilled vacancy)	Band 7	1 wte
	Band 5 Registered Nurse/ODP (unfilled vacancies)	Band 5	2.6 wte
	Anaesthetic Registered Nurse / ODP	Band 5	1 wte
	Scrub Registered Nurse / ODP	Band 5	1 wte
	Recovery Registered Nurse / ODP	Band 5	1 wte
24 months	Healthcare Support Worker	Band 4	2 wte
36 months	TBC		

<sup>15</sup> Further details included in appendix 2.

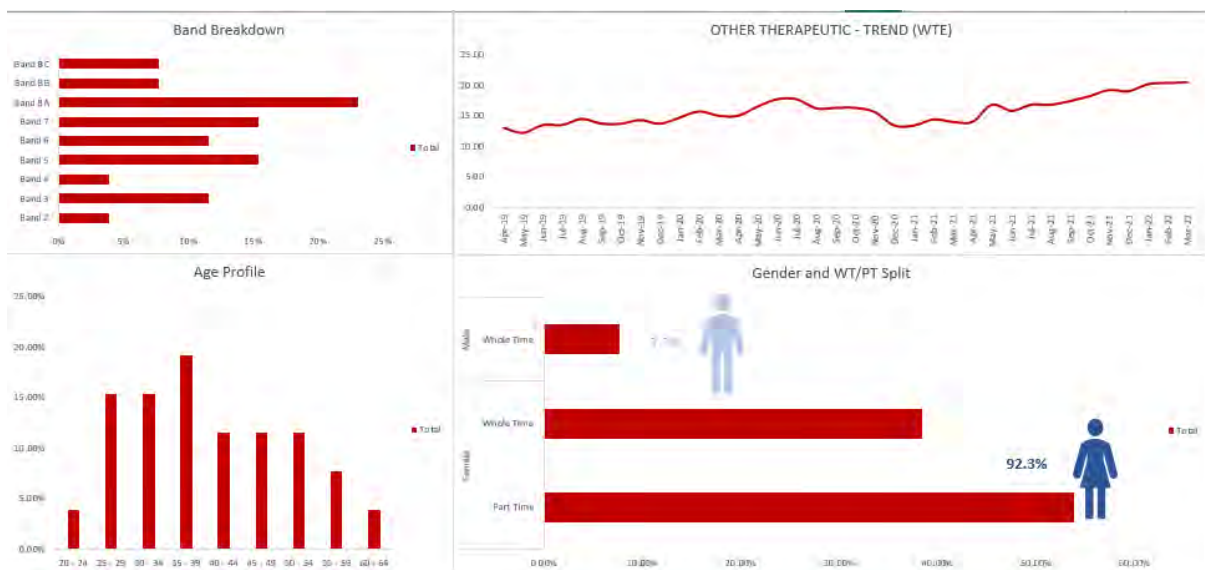
### 3.6 NHS Orkney Dental Support Workforce



Over the last three years the NHS Orkney Dental Support workforce has reduced, down 3.3 wte (14.1%) since April 2019. The most frequent age bracket is 50-54 and over half of the workforce is aged 50 or over which means a very high percentage of the workforce could retire in the next few years.

The Dental support workforce require to be reviewed in the anticipation that additional capacity will be required to complement the increases in capacity as aforementioned in the dental section. Any gaps or projections are still to be confirmed.

### 3.7 NHS Orkney Other Therapeutic Workforce



Over the last three years the NHS Orkney Other Therapeutic workforce has continued to grow, up 7.5wte (57.2%) since April 2019.

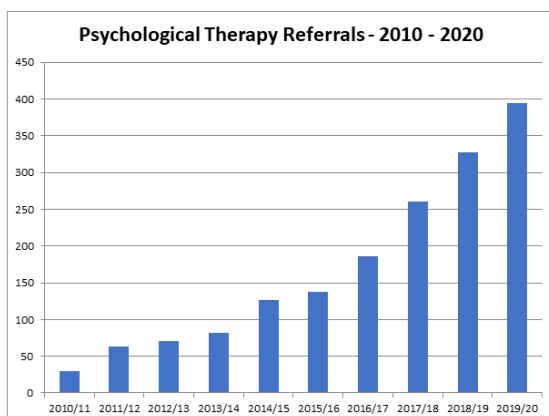
## Psychology

The Psychological Therapies Service provides a range of psychological services to Adults and Older Adults of Orkney (age 18 and above) to alleviate distress and promote psychological well-being. In addition to direct individual and group psychological assessment and treatment, staff in the psychological therapies service also have a consultative role, providing teaching, and supervision for others employed in psychological interventions in NHS Orkney and in Orkney Health and Care, and support service evaluation. The aim of these services is to reduce psychological distress and to enhance psychological wellbeing for patients in Orkney. The service also provides a supervision to a health psychology trainee which is employed on a fixed term basis.

There are currently no permanent local psychology services for those with:

- Learning Disabilities;
- Perinatal and Maternity Mental Health Difficulties;
- Health Psychology Difficulties;
- Forensic Psychology;
- Dementia; and
- Neuropsychology.

The psychological therapies service has seen a steady increase in referrals between 2010-2020.



Provision of psychological therapies was maintained, as close to business as usual, from the outset of the pandemic using remote delivery using NearMe for clinical services. The service was never suspended which means there is no backlog to be managed.

This next stage for the Psychological Therapies service will focus on continuing with the use of remote/technology enabled delivery of psychological assessments, therapy and interventions. Face to face assessment and therapy will only be delivered in a small number of cases, for those who require an urgent response based on clinical need. The psychological therapies service will continue to use services set up for COVID-19, such as the NHS Grampian Staff Mental Health Service and Psychological Resilience Hub, which also covers staff and people living in Orkney.

The service will address recruitment gaps and build in more staffing, when new Scottish Government funding becomes available. The small service is very vulnerable to maternity leave, sick leave and staff movement. Funding from the Mental Health Recovery and Renewal Fund has been made available to fund a 1.0 wte Band 8B Clinical Psychologist. Recruitment to this post is a priority.

## **Pharmacy**

The single most common intervention health systems make is the provision of a medicine to a person. Between each of these interactions and interventions leading to supply of medicines lies a multidisciplinary workforce and pathway. It is not possible to provide this increasingly complex intervention to our community without the availability of adequate, well skill mixed and versatile integrated pharmacy services. With adequate resources, a pharmacy service can allow the NHS to provide safe, assured, resilient, and sustainable medicines supply functions.

In Orkney, as in other Scottish boards, with increasing age of the population there is increasing prevalence of long-term conditions. In addition to morbidity growth, there are continued investment in development of new clinical guidance, emergent health technology and need for increased clinical service provision and associated support services; the demand for provision of medicines will increase in the future quicker than delivery resource can grow. Current models of delivery require change, with pharmacy taking an increasingly significant role in the future access to medicines and the delivery of care pathways. To deliver differently, services must change. To change, services require adequate capacity.

In not recognising and planning for the risks in existing provision and emergent gaps for future provision, together with resilience of the service to cope with the stress of these gaps; attract the right skill mix of individuals (pharmacists, technicians, support workers, admin, procurement); train existing staff in new ways of working and new staff joining the team(s); employ and nurture future and existing staff, it won't be possible to realise the ambitions within the plan below.

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

Day to day operational delivery is prioritised within the limited staff resource to optimise patient safety, provision of pharmaceutical care, and medicines supply functions that are possible with limited staffing resource. Acute pharmacy staff continue to provide key functions of a District General Hospital, as well as supporting a transient medical workforce and lean staffing models to deliver the care possible within this context.

It is not yet possible to realise the benefits of Clinical Pharmacists in direct patient facing care roles beyond the delivery of ward services, due to long term sickness



within the clinical pharmacist team and limited opportunity for development of the Pharmacy Technician role. The need for a well-developed multidisciplinary team with Pharmacist involvement in the delivery of specialist outpatient settings has not yet, and cannot, be realised until resource is recruited/returned.

Principal Pharmacist time has also been limited due to requirement to cover clinical services and allow for staff leave and accommodation of absence,

together with transitional, interim arrangements in the recent past in the Director of Pharmacy role.

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

The acute pharmacy service has so far exceeded its capacity and resource to accommodate additional workload (new delivery, growth of existing delivery) without a reflection in increased staff resource, whilst operating with reduced resource due to the issues described above. This has seen NHS Orkney being able to provide:

- key COVID-19 treatments for high risk individuals;
- successfully facilitating significantly increased vaccine campaigns;
- seeing a significant increase in the delivery of homecare drugs;
- delivery of ward level clinical pharmacist input to inpatients areas;
- support the development of a trainee pharmacist; and provide leadership and assurance for organisational readiness for the implementation of HEPMA in late 2022-23.

This has however been possible due to zero sum outcomes, where senior pharmacist time has been rediverted to the delivery of less senior pharmacist outcomes and roles, and also relying on cross cover from the primary care pharmacy team to sustain acute pharmacy services at times. This has delayed and hampered efforts in delivering medicines governance ambitions of the team and delayed the progress of work in other aspects of the team – namely the development of non-pharmacist roles and workload transfer i.e. pharmacy technician led medicines reconciliation.

It is not sustainable to continue with this level of pressure on staff within the team in the immediate term without the development of adverse impacts on the individuals and team delivering the work; and to the detriment of the development of services and staff in the short, medium and longer term.

Primary Care Pharmacy services are a newly established model of service delivery, with progress significantly affected by the pandemic, challenges in utilising Primary



Care Improvement Fund monies and maternity leave in newly recruited staff. The Primary Care Pharmacy team have worked well throughout the pandemic, showing adaptability and flexibility to support acute pharmacy services, as well as embracing new ways of working and recruiting support from pharmacists working remotely from Orkney to deliver pharmacotherapy services.

Currently, there is variation between practices in the level of service offered due to resource constraints and operational differences between practices. Development and delivery of the Primary Care Improvement Plan has been challenging with the pandemic response, lack of accommodation for PCIP funded roles and staff sickness within primary care structures.

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

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

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

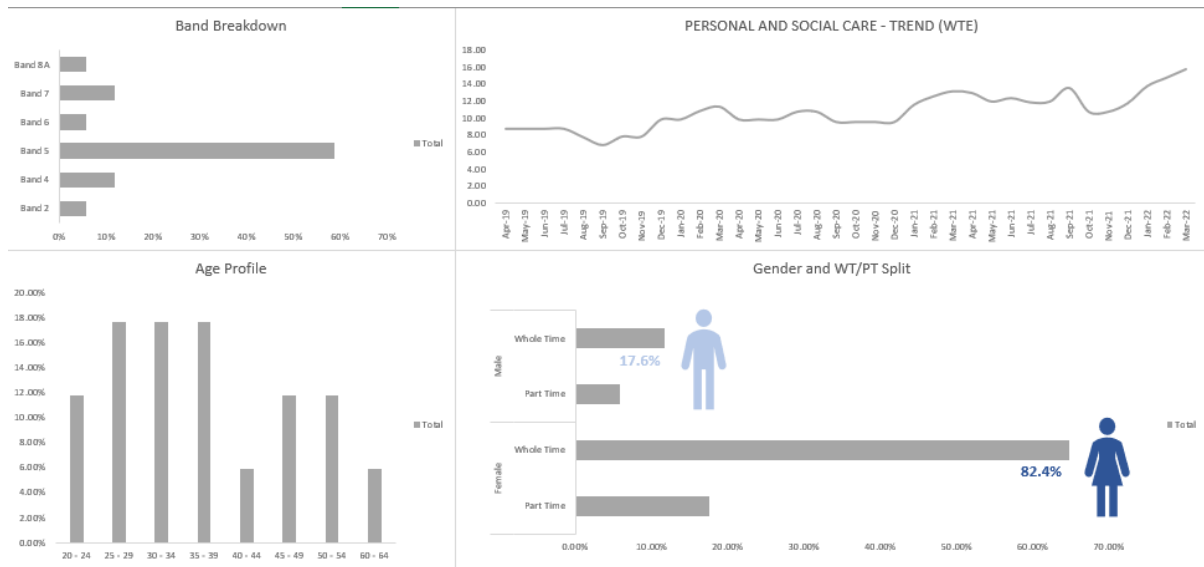
Significant areas of service demand are not being met and there is a requirement to prioritise areas for service development, aligned with staff development and whole system requirements/strategic plans. Key deliverables for Pharmacy in 2022-23 will focus on service stability and recovery, planning, recruitment and staff development to enable service development in 2023-24 and 2024-25

## Other Therapeutic Workforce Gaps and Projections<sup>16</sup>

Anticipated Timeframe	Role	Band/Grade	Whole Time Equivalent
12 months	Applied Psychologist (to meet the Psychological Therapies Waiting Target by March 2023)	Band 8a	3 wte
	Applied Psychologists (to meet the gaps in services (0.5 wte Learning Difficulties, 0.5 wte Perinatal and Maternity Mental Health Difficulties, 0.5 wte Health Psychology Difficulties, 0.5 wte Forensic Psychology, 0.5 wte Dementia, 0.5 wte Neuropsychology)	Band 8a	3 wte
	General Practice Clinical Pharmacist	Band 7	1 wte
	General Practice Pharmacy Support Worker	Band 3	1 wte
	Advanced Clinical Pharmacist Acute Services	Band 8a	1 wte
	Pharmacy Assistant Technical Officer	Band 2	0.6 wte
24 months	General Practice Clinical Pharmacist Development Post	Band 6/7	1 wte
36 months	Specialist Clinical Pharmacist	Band 7	1-1.5 wte
	Advanced Clinical Pharmacy Technician	Band 4/5	1-1.5 wte
	Specialist Clinical Pharmacist Acute Services	Band 8a	1 wte
	General Practice Pharmacy Technician	Band 4/5	1 wte

<sup>16</sup> Further details included in appendix 2.

### 3.8 NHS Orkney Personal and Social Care Workforce



Over the last three years the NHS Orkney Personal and Social Care workforce has continued to grow, up 7.0wte (80.3%) since April 2019. The age profile is positively skewed towards the younger end.

### Public Health

The current aspiration of Scottish Government and Public Health Scotland is to have a world class public health function in Scotland, and through the pandemic the value of the public health function has increased in recognition by both the public and government. This cannot be achieved without an effective level of resource.

With the pandemic the service has focused on health protection, and health improvement relating to healthy weight in adults and children, smoking cessation and financial inclusion. It is anticipated that the effect of the pandemic and the current economic crisis will impact negatively on the wellbeing of the population which without preventative and early intervention actions will result in increased demand on health and social care, and population wellbeing.

Closer working with the community planning partnership subgroups is required to drive change. Additional focus is required on health care public health service to support the organisation in developing appropriate models of service delivery and appropriate transformational change. Public health is undergoing change nationally and the local team will work with Public Health Scotland as it develops its local offer of support to territorial boards and community planning partnerships.

As the pandemic continues for 2022/23 the local public health team will remain focused on health protection and screening, the work on weight and smoking cessation and tackling poverty. In addition, developing input in to addressing climate change and the promotion of the anchor institution approach. Other workstreams will start to recover in line with capacity and focus on reducing inequalities, so that by

2025 the local team will be part of a vibrant national and regional public health system, with close working with local partners.

The demand placed on public health departments both locally and nationally has increased with the management of the pandemic and is unlikely to return to pre-pandemic levels. There are greater demands on disease surveillance, case, and outbreak management. In addition, COVID-19 has had major impacts on the health and well-being of the population that are still revealing themselves and on the NHS workforce.

The constantly changing demands of service provision within public health make it challenging to achieve perfect alignment of workforce supply and demand. However, workforce planning will ensure the information, capability, capacity and skills to plan for current and future workforce requirements are available. Preparing the team to meet future service needs through education and development pathways.

Skills required are specific health protection skills, and as a department work is occurring to enable a more blended approach between health improvement and health protection staff, largely driven by COVID-19 but supporting career development. Programme management, community development and service improvement skills will become more important. A distinct left shift or upstream working also needs to be supported in core NHS staff to enable them to play a key role in the prevention agenda. As the screening programmes and immunisation programmes become more complex the role of the immunisation co-ordinator and screening co-ordinator become more demanding. These roles sit with the Consultant in Public Health leading health protection and agreed changes to create a Band 7 post from a Band 6 health protection post will enable workload to be better distributed and managed.

The public health department in Orkney consists of a small team and as such the approach has always been to have a blended and multiskilled workforce that can flex and surge across all public health workstreams as workload demands. Historically the department has recruited from elsewhere to fill positions in public health however since the start of the COVID-19 pandemic, due to the increased demand for public health skills, this has proved challenging with several recruitment attempts being unsuccessful. The focus has therefore changed to one which develops staff from within Orkney. The North of Scotland Public Health Network provides opportunities to facilitate this approach as does the use of information technology to support remote working. Secondment to other health boards has also been utilised to allow staff to gain skills not achievable on island. To develop this approach further a stronger career progression ladder is required.

To build resilience within the on-call health protection function all staff Band 6 and above within the public health team now have an on-call commitment included within their role. The UKPHR practitioner development route is encouraged for these staff.

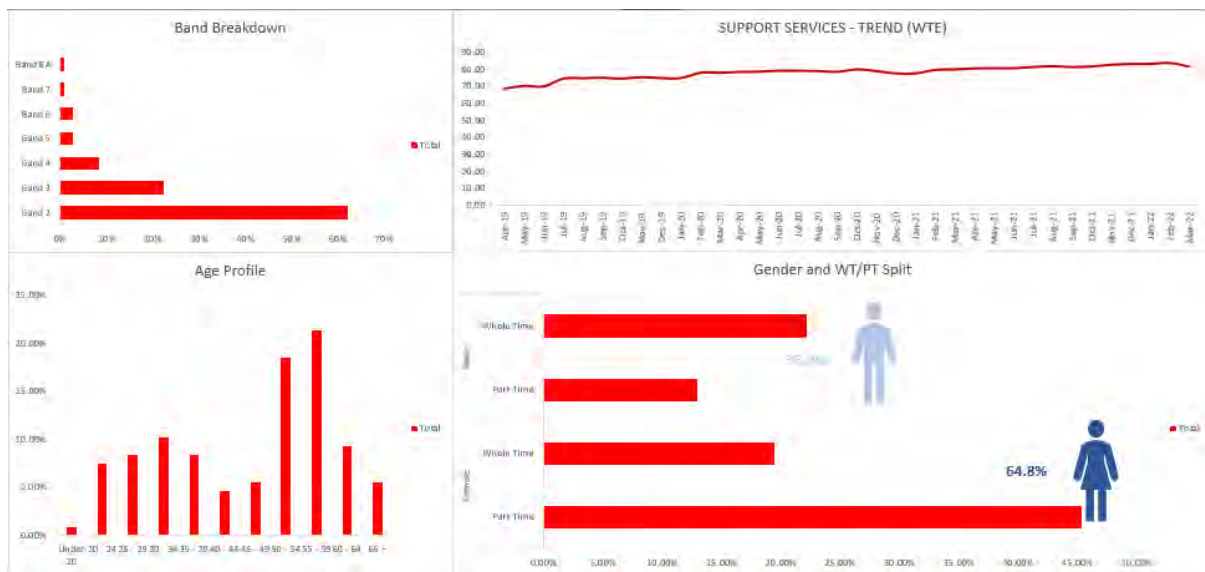
Gaps will occur at the health protection consultant level which will impact not only locally on the service but across the island health boards. A unique cross health

board rota already exists, and discussions are being held across the north to consider learning from the pandemic and further collaborative working.

### Personal and Social Care Workforce Gaps and Projections<sup>17</sup>

Anticipated Timeframe	Role	Band/Grade	Whole Time Equivalent
12 months	Consultant in Public Health	Band 8d/ Consultant	1 wte
	Health Protection Nurse Specialist	Band 6	1 wte
	Health Improvement Specialist	Band 6	1 wte
	Health Improvement Officer	Band 5	1 wte
24 months	TBC		
36 months	Immunisation/Screening Coordinator Support	TBC	TBC

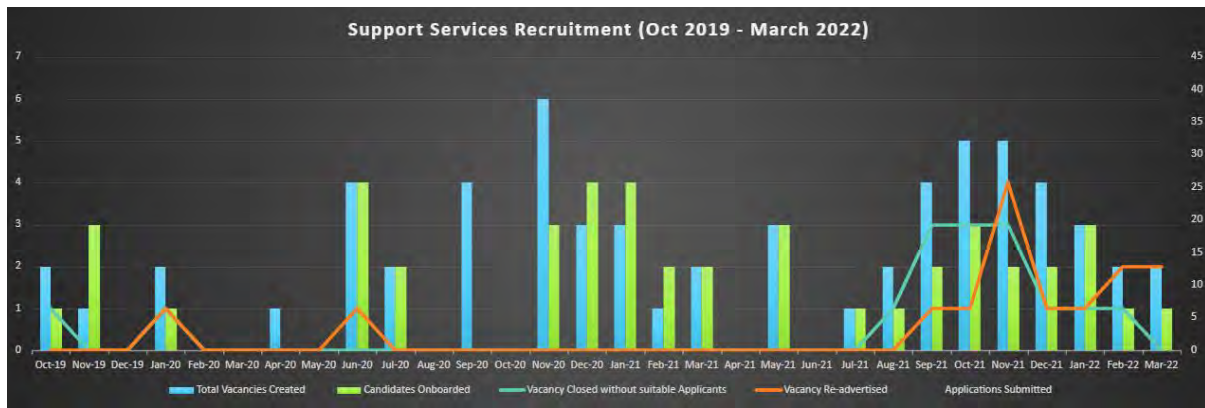
### 3.9 NHS Orkney Support Services Workforce



A total of 13% of the NHS Orkney workforce fall into the category of Support Services. Over the last three years the NHS Orkney Support Services workforce has continued to grow, up 13.0 wte (19.0%) since April 2019. Over 54% of the workforce is aged 50 or over.

<sup>17</sup> Further details included in appendix 2.

## NHS Orkney Workforce Plan 2022-2025



Support services cover a wide-ranging workforce which support all services across NHS Orkney. These include: Domestic; Central Reception; Switchboard; Stores; Estates; Catering; Laundry and Porters to name a few. As shown in the chart above recruitment has been undertaken very regularly since JobTrain was implemented, however, almost a quarter of all positions advertised closed without suitable applications.

A full review is planned for the next 12 months across all the service areas, this will include reviewing key roles and job descriptions to ensure sustainability and legislation requirements are met in relation to those mandated roles.

NHS Orkney has a commitment to Carbon Net Zero funding from the Scottish Government has been requested that will allow the buildings owned by the Board to have fossil fuel energy systems (kerosine) to be removed. This will need to be project managed and then the new systems whether that be Air to water / air to air or a ground source heat pump will have to be managed and maintained going forward. NHS Orkney has an existing maintenance team in place which is specific to fossil fuels, anything new will require training across the team to ensure they are able to react. An Energy Manager is a mandated requirement for every NHS Board, there has been no budget dedicated to this new position, there is a need for more robust process around the energy management, linking directly with HFS National Lead for Energy who provides specific support to the role. This sits within the role of the NPD Manager.

Waste Management regulations are already in existence, however as an island board we have to date had a number of exemptions, as example food waste, this is no longer the case and we are working to address alternative arrangements to “dumping” food. The regulations now require various licences to be in place, regulated by governing bodies such as SEPA. All of this work has been soaked up into the existing Estates Team (Central Decontamination Unit Manager) however funding for things such as licences which is many thousands of pounds will be identified as part of the Estates review as a cost pressure.

Complying with existing regulations and requirements is challenging for the existing workforce and with the new regulations and requirements such as waste management, there is a risk that too much is placed on too few going forward, therefore the need for a full review to ensure the workload is being distributed safely and in an operational and sustainable way.

NHS Orkney has a very small but very effective Medical Physics on island service it consists of 2 officers who are familiar across all of the services of NHS Orkney and have built up over a number of years the competencies required to ensure a safe service. This is supported by NHS Highland who provide assistance with governance, policy and assist in the planning and administration of the higher level equipment maintenance. There is a risk that in the next 2 years the lead officer on the island will retire and continuity of service is vital. It is essential that the experience and knowledge is passed on. A succession plan is in place for the deputy to step up to the lead officer position, however a 2-year development plan needs to be established for a replacement. This is not a qualification that can be done through an educational provider, it is work based learning.

The overspending in the overall service area is minimal, however the budgets do not allow for holiday cover and some of the services, for example Switchboard, are required to be covered 24/7 and therefore no holiday cover means overtime. This could be said for other services such as cleaning. The work that is underway now by way of a review of all of Estates and Facilities services is intended to find suitable alternative solutions and where this is not possible escalate as a cost pressure.

The Estates Team collaborate and work closely with Primary Care management and staff across Orkney to enhance and improve the standard of the facilities from which Primary Care operate. This includes the private practices as well as the Board Administered.



Processes across the organisation have been reviewed and the workload spread out across the Estates and Facilities service to minimise the requirement of additional staffing, however the leadership/supervision is an area that requires further development and will be highlighted as part of the Estates and Facilities review paper. Much of the manual day to day work is placed on the porter team who are now at full capacity in terms of workload. The demand for Porter service has grown and diversified, with no additional workforce to cover, for example the changes in waste regulations and the infection control requirement and carrying out daily tasks that should be carried out by the clinical staff (taps being turned on).

The single rooms occupancy since the move to the new hospital has increased the cleaning required. Following the move it was agreed that a 12 month review would be necessary, however the pandemic impacted on this review resulting in it not taking place. It was agreed that the consultants who had helped with the soft services review would be brought back in to carry this out, there is however no budget to enable this to take place.

Additionally, one of the challenges faced by Domestic Services is the pressure of unhelpful discharge times in the inpatient areas. The team are continually being asked to carry out quick turn arounds of rooms as patients are discharged with a



new patient waiting to be admitted. Further, late discharges are impacting on the staff in respect of having to work longer hours as discharges happen towards the end of their working shift. This has been raised as a risk to the health and wellbeing of the team.

The domestic supervision structure will be reviewed with expected retirements within the team.

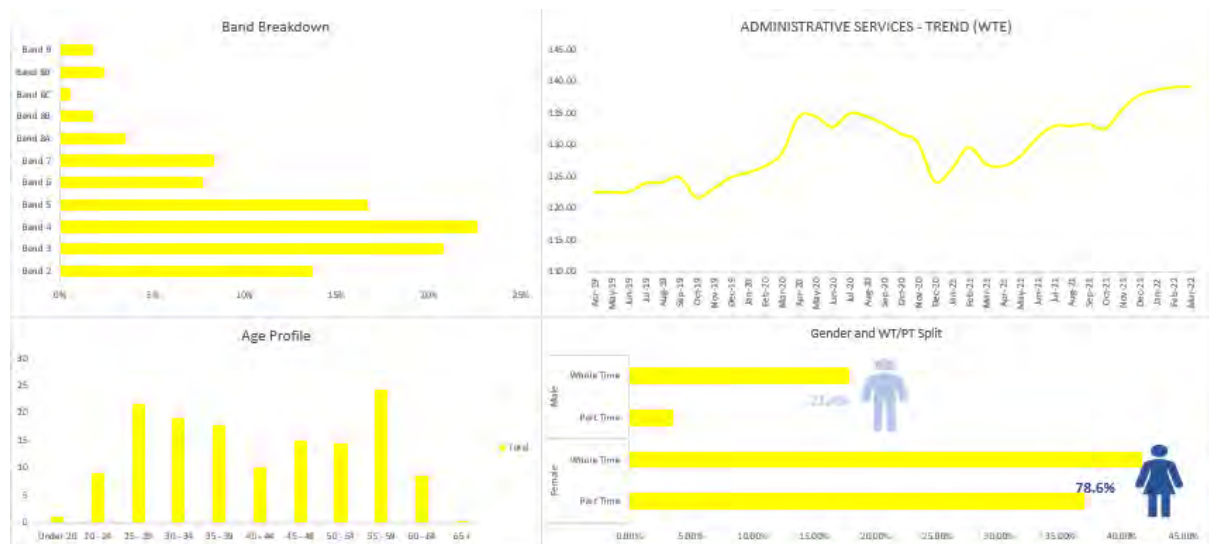
Catering Assistants are currently proving hard to fill, the recruitment of Modern Apprentices will be revisited to assist with successful recruitment.

Central Reception, switchboard and the travel team are not operating as planned, the areas were to be reviewed once in the new hospital but the pandemic impacted on the ability to do this any justice. Opportunities to improve how these services operate will be considered.

### Support Services Workforce Gaps and Projections<sup>18</sup>

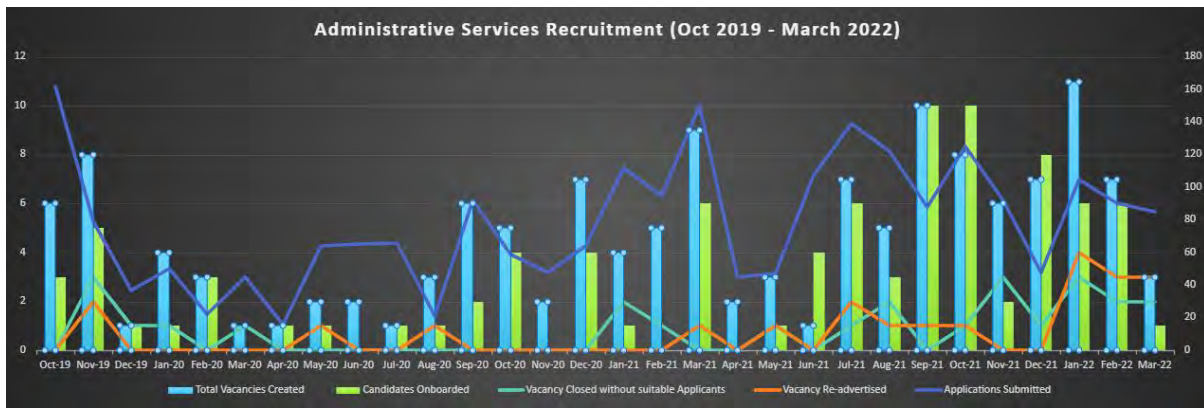
Anticipated Timeframe	Role	Band/Grade	Whole Time Equivalent
12 months	Medical Physics Apprentice	Band 4	1 wte
24 months	Medical Physics Apprentice	Band 4	1 wte
36 months	Medical Physics Apprentice	Band 4	1 wte

### 3.10 NHS Orkney Administrative Workforce



The Administrative workforce is the second largest job family at NHS Orkney with roles which span across all Bands. Over the last three years the NHS Orkney Administrative workforce has continued to grow, up 16.6wte (13.5%) since April 2019.

<sup>18</sup> Further details included in appendix 2.



As shown in the above chart candidates were onboarded in almost every month since October 2019 to March 2022 with over 700 applications received. Just 17.8% of posts in this timeframe closed without suitable applicants which is much more favourable than other job families.

Although the most frequent age range is 55-59 the age profile for administrative services is more evenly spread than some other job families as the second most frequent age range is 25-29.

### Information Technology

The service currently holds responsibility for all Digital systems, which include IT and eHealth and touches all aspects of the organisation. The current areas that are not being met by the service are:

- Medical – absent support
  - All Dental systems support
  - All Primary Care systems support
  - All Mental Health systems support
  - All Pharmacy systems support, both secondary and community
  - All Radiology systems support
  - All theatre systems support
  - All Emergency Department systems
- Systems that are resourced, but constrained include; Trackcare, SCISStore, CCube and Label print.
- Services that are provisioned but constrained
  - First line service desk
  - Third line service desk
  - Infrastructure and network services
  - Architecture
  - Project and program management
  - Public engagement
  - Administrative services
  - Cybersecurity
  - Business as usual maintenance and repair
  - Business as usual support for the organisation
- Membership and engagement that are constrained include National eHealth, National Infrastructure, National Digital and National engagement.

The future roadmap of the service is large. The department is currently recovering from years of technical debt to bring the services into a more sustainable manner. This process will take 4 years to complete, during which time the platforms providing the services are being fully re-designed to be able to absorb and cope with the future.

The impact is that all project work, including the standard maintenance tasks, are considerably impacted. Projects that should be completed in a month are done in 6 and most of the time elements are removed to make the delivery possible. These will carry a cost in the next 2-3 years when those areas are reviewed.

The under resourcing of the IT department will impact across the organisation and have a negative impact on the wellbeing of the team. There are, however, several opportunities for improvement. The team is divided into two main strands, the Systems (desktop, network, servers, application function) and the eHealth application team. The latter controls the elements within the eHealth applications which are hosted and maintained by the Systems functions. The systems side also controls the business as usual for all technical issues where as the eHealth side control the needs of the staff within the eHealth applications itself.

The opportunity available is to decisively separate the two functions and allow them to run independently from one another with two Heads of Service that are experts in their areas. The benefit derived will be a better control of the current deliverables, allowing the two sides of the team autonomy and mastery over their areas, allowing the following:

- Better response times
- Better follow through
- Training on the job
- Full team training opportunities
- Career progression
- Project support and process locally
- Supporting the applications

To this end, the department will need to grow and be split in the correct skillset. Staffing is the main gap. Without further investment in the team numbers, the department will not be able to move on from the current steady state into a form that will support and help move the organisation forward.

### **People and Culture**

The People and Culture team support managers, colleagues and services throughout the full workforce journey. The HR team was repatriated from NHS Grampian on 01 April 2020. Since then the team has completely reconfigured in order to continue supporting the workforce as required.

Looking towards the next 24 months the Head of People and Culture will be completing a full review of all of the roles and responsibilities across the People, Talent and Culture teams. This work will help support the creation of the NHS Orkney People Strategy.

## **Finance**

In 2021/22 the Finance team lost several key roles due to retirement which equated to over 110 years of experience. Recruitment has been successful in filling roles and will continue to be progressed. The newly formed Financial Sustainability Office require two additional Project Support Officers to complete their team. It is expected these roles will be recruited on a fixed term basis.

## **Clinical Governance**

Current activity within the clinical governance team includes:

- Developing healthcare governance and quality strategy
- Updating and establishing baseline audits/assurance for departments
- Refocus on patient experience shaping learning and improvements
- Improving quality of investigations and developing a robust learning system and shared understanding demonstrating learning from incidents

Recent changes within the Clinical Governance team mean the team are all relatively new. The Lead is currently reviewing the funded and actual establishment and understanding the skills required in the team going forward.

Current demands not being met include:

- Proficiencies and capacity to lead and participate in timely adverse event reviews
- Regular and clinically led meetings as core part of governance processes
- Clinical standard benchmarking and self-evaluation as part of business as usual
- Limited quality improvement expertise within the team and wider organisation expertise
- Requirements of Quality Improvement support for local and national projects not met
- Clinical policies and procedures review – much work required to support teams
- Resourced (admin and clinical expertise) and agreed robust governance process for clinical documentation
- Consistent and improved patient engagement /feedback for improvement
- Board wide assurance framework

With no resource currently within the team to support quality improvement, this has an impact on clinical teams both learning and embedding improvements which is part of everyday healthcare and governance. By having an adequately resourced and skilled healthcare governance and QI team this can help the organisation ensure that quality services are being delivered and teams which are small and diverse will have the necessary expertise to call on in a timely manner.

The projected gaps in the administrative job family are noted in the table below. One gap in the Nursing/Midwifery job family is noted in that section.

**Administrative Workforce Gaps and Projections<sup>19</sup>**

<b>Anticipated Timeframe</b>	<b>Role</b>	<b>Band/Grade</b>	<b>Whole Time Equivalent</b>
12 months	Junior Desktop Analyst	Band 2/3	2 wte
	Senior Desktop Engineer	Band 5	2 wte
	Infrastructure Engineer	Band 6	1 wte
	People Manager (gap within current establishment)	Band 7	1 wte
	Talent and Culture Manager (gap within current establishment)	Band 7	1 wte
	Procurement and Systems Administrative Officer (to support Pharmacy Department)	Band 3	0.5 – 1 wte
	Administrative Officer (Public Health Team)	Band 3	1 wte
	Quality Improvement Facilitator	Band 6	1 wte
	Patient Experience and Quality Improvement Support Officer	Band 4	1 wte
	Project Support Officer	Band 4	2 wte
	Community Treatment and Care Administrator (part of the Primary Care Improvement Plan)	Band 4	1 wte
	Whole Primary Care Improvement Plan Service Administrator	Band 4	1 wte
	24 months	Digital Training Designer	Band 5
eHealth Services (within IT team)		Band 6	2 wte
Administrator (within IT team)		Band 4	1 wte
36 months	Desktop/Junior Infrastructure Cyber Security/Medical Systems	Band 5	1 wte

<sup>19</sup> Further details included in appendix 2.

### 3.11 Orkney Health and Social Care Partnership Workforce



Staff employed by Orkney Health and Care are either employed by NHS Orkney or Orkney Islands Council. During the creation of the workforce plan collaborative working was sought with Orkney Islands Council, however, this engagement was attempted at a time when OIC were implementing a significant management restructure and had capacity issues within their own Human Resources team. This plan has been produced by NHS Orkney solely with input from some OIC employed Service Managers. Perhaps in future iterations COSLAs involvement, participation and engagement would improve the overall quality of the joint workforce plans. As a result of the above noted factors there is more limited information on the Social Care and Social Work data in particular.

The limited data shared by Orkney Islands Council is included above as local government (LG). Comparator data from NHS Orkney was used to cover the whole Orkney Health and Care work force. The age profiles, gender and whole/part time split are very similar.

The sickness absence rate for Orkney Health and Care staff in (2021/22) was 4.8% for NHS employed staff and 10.2% for Orkney Islands Council employed staff.

## **Children and Families Social Work**

The Orkney Health and Care Children and Families Social Work service includes:

- Social Workers who are Lead professionals in all Child Protection investigations and Child Protection Registration
- Lead in Child Protection and integrated working with Education and Children's Health Services to support vulnerable families and children in need
- Recruitment of foster carers, adoptive families, and assessment and support of kinship care
- Support for looked after children and looked after and accommodated children and young people
- Support for children and disabilities as per the current all age learning disabilities team managed under Adult Services and straddling both children's and adult's services

There is a current staffing crisis in this area due to recruitment challenges, affordable housing challenges and a national shortage of social workers. This has impact on the level of responsiveness to need in the community and the ability of the service to meet the range of need therein and hampers progress. For these reasons, focus is on immediate child protection.

Once close to full staffing levels have been achieved the service will be in a far stronger position to meet the range of need within the community and could have the potential to be amongst sector leading organisations in delivering first class children and families services.

Additional investment from Orkney Islands Council, as part of a Council restructure, has provided new social work posts including management and leadership positions. Filling these posts will lead to a service which is fit for purpose. The work by Orkney Islands Council to create a performance culture linked to learning and development, will also be a huge contributing factor in positive change. Acquisition and access to affordable housing for key staff will be a crucial aspect of sustaining positive change.

It is envisaged that all children's services should sit under the children's services partnership and filling of key children's health services posts, including the service manager post, will make significant contribution to improved partnership working arrangements.

The key deliverables for 2022/23 are:

- Recruitment of permanent and locum social workers and managers
- Finalisation of the Trainee Social Worker model. With the hope that between 6-8 individuals will begin training in February 2023.
- Support for newly qualified social workers being recruited
- Stabilising the workforce to embed positive changes already made
- Transitions planning for key leadership roles
- Improvement work on PARIS management information system



- Work on introducing the Safe and Together Programme
- Improved consultation, listening to the voice of children and families, and establishing their participation in service planning

Recruitment, retention and stabilising and developing the workforce is an overarching priority. Recent successful recruitment, including one successful international recruitment, of four newly qualified social workers, will require huge support, induction, development, close supervision, and direction. This all demands time from managers and leaders while trying to deliver effective child protection across the islands.

Additional capacity in the Family Support Team, to support areas such as fostering and adoption, will help to reduce time spent by qualified social workers.

## **Adult Social Work**

Adult social work encompasses the delivery of social work services to adults and to those with a learning disability. In addition those appropriately qualified deliver Mental Health Officer (MHO) services where required. The service also contributes to the overall social work out of hours (OOH) service and fully covers the OOH MHO service.

As we have a population with an increasingly elderly component and a reducing working age population it is clear that service demand will continue to grow. There has been a significant increase in Adults who have been assessed as lacking capacity and where no provision has been made by family/friends in relation to appropriate powers. This has led to an increase in applications for both local authority and private guardianships and has impacted on delayed discharges. In addition the move away from prevention during the period of austerity now means that people coming to the service are already in need of significant help.

Key tasks of the team are:

- Provision of adult social work services
- Provision of learning disability social work services
- Social Workers are Lead professionals in all adult and LD support and protection work
- Provision of MHO service advising on whether detention criteria are met and legally detaining where required

Immediate issues to address include recruitment to vacant posts which will stabilise the management, stabilise the OOH rota and increase numbers of social workers with MHO qualification. Our MHO capacity has recently reduced from 5 to 3 as a result of natural wastage. This creates additional pressures albeit we have maximised the use of bank staff and have a Social Worker currently undertaking the MHO training. The concept of “growing our own” is an attractive one which is being explored. The traineeship noted in the above section is also available for Adult Social Work.

Currently there are 2 supplementary temporary posts covered by agency staffing. One is in relation to preparation for the Adult Support Inspection and the other is in

relation to reviews. Due to demand and the effects of lockdown the service has not been able to keep pace with the requirement to undertake an annual review of everyone who is in receipt of a care package. Both of these posts will come to an end once the respective work is concluded. In respect of the reviews monitoring will be required to determine whether the service is able to keep pace with the need once the backlog has been cleared. In addition the recent investment through the Council's Restructure has created an additional 1.5 front line Social Work posts in Adult Services. This will help cover the gap when the agency staff leave.

## **Social Care**

Adult social care covers a wide range of activities to help people who are older or living with disability or physical or mental illness live independently and stay well and safe. It can include 'personal care', such as support for washing, dressing and getting out of bed in the morning, as well as wider support to help people stay active and engaged in their communities. Social care includes support in people's own homes; support in day services; extra care housing and care provided by care homes. Within those domiciliary services, reablement is embedded as an approach to help people regain their optimum independence; providing aids and adaptations for people's homes; providing information and advice; and providing support for family carers.

Social care can be broken down into two broad categories of 'short-term care' and 'long-term care'. Short-term care, known as a short break, refers to a care package that is time limited with the intention of maximising the independence of the individual using the care service and providing a break for a family member or carer. Long-term services are provided on an ongoing basis and both long and short-term care would be arranged by a local authority and could be described as 'formal' care.

Due to the ageing population and aspiration to care for people at home the available workforce demography and vacancy issues within the Care at Home service is under constant pressure with demand outstripping supply. The Care at Home service is presently running with 28 wte vacancies whilst also managing a waiting list of 400 hours of unmet need. Filling half of these vacancies would clear the unmet need.

Within adult social care there are:

- Three older peoples care homes
- Three extra care housing facilities predominantly for older people
- One physical disability extra care housing
- Learning disability supported living network and short breaks
- Day Services for older people, people with a learning disability and people with a physical disability
- Care at home service and Responder service

Key tasks of the teams are:

- Management and organisation of each service, some are 24/7 whilst others are operated in daytime hours only.

- Provision of adult social care according to the needs identified in an Outcome Focussed Assessment and agreed personal support plan and identified ways to meet these needs.
- Give practical and emotional support to people using the service.
- Act as key workers to people using the services.

Some immediate issues to address, alongside ongoing recovery from the pandemic, is recruitment to key vacant posts as almost all services have significant vacancy levels. In adult social care there are in the region of 270 wte, of which more than 40% are over 50 years old. Despite efforts the workforce remains predominantly female. There are at any given time in the region of 50 vacancies across all services as well as absences for long term sick and other absences. Services are augmented by agency staff.

Recruitment drives take place regularly with a streamlined application process already in place. Other work planned includes:

- The development and implementation of an initiative to grow our own social care staff with funding from Orkney Islands Council's Training Fund.
- Growing our own health staff through Scottish Government led and funded programme.
- Improved retention of staff, particularly in relation to highly skilled specialist services.
- Leadership development and ownership is encouraged and promoted across OHAC.
- Safe staffing legislation and caseload weighting tools form rationale for appropriate staffing levels within relevant services.
- Workforce development plans to respond to the outcome of the independent review of adult social care.
- Training across the workforce, as appropriate to implement the mental health strategy and the dementia strategy.
- Progress the development of clear career pathways and provide opportunities for staff motivated to advance in their chosen career, including investigation of greater use of apprenticeships.
- Further develop collaborative working to promote Learning and Development and provision of opportunities across the partnership.

Orkney College have created an Introduction to Care taster course which is 6 weeks long. Once completed participants in this course are guaranteed interviews for Social Care roles. To date there have been 3 cohorts with very positive outcomes. From the first cohort a total of 7 participants gained employment in Social Care at Orkney Islands Council.

Over the next 18 months the shift patterns of Care at Home staff will be reviewed to ensure we continue to provide flexibility in meeting need whilst at the same time offering a higher proportion of full time equivalent posts.

In 2023/24 hybrid posts will be considered for Health and Care at Home on the Ferry linked Isles.

## OIC Social Care and Social Work Workforce Gaps and Projections<sup>20</sup>

Anticipated Timeframe	Role	Band/Grade	Whole Time Equivalent
12 months	Care at Home Worker Social Care Assistant/Worker Social Worker Adult and Children & Families Service Manager Team Leader Head of Children, Families and Justice	Grade 5 Grade 4 Grade 10 Grade 13 Grade 11 CO Grade	28wte 7wte 10wte 2wte 3wte 1wte
24 months	Service Manager Recruitment will carry forward if unsuccessful	Grade 13	1wte
36 months	Potential recruitment of new hybrid posts for ferry linked Isles	TBC	TBC

### 4.0 Workforce Supply

This section looks analyses the workforce enablers and support available to improve and assist with workforce supply, recruitment and retention across NHS Orkney.

#### Youth employment

With an ageing population youth employment is a key priority for NHS Orkney. A Senior Manager from NHS Orkney sits on the Board of [Developing the Young Workforce \(DYW\) Orkney](#). DYW is one of 21 regional groups across Scotland, introduced by the Scottish Government, to help produce better qualified, work ready and motivated young people with the skills relevant to modern employment opportunities, both as employees and entrepreneurs of the future.

Pre-pandemic “Day in the life of” events were jointly held with DYW. These events showcased the Clinical opportunities within NHS Orkney and allowed young people the chance to explore these further. Each profession showcased their areas with interactive sessions including short scenarios and the use of interesting equipment. [Feedback](#) was excellent and it is hoped within the next three years further similar events will be held showcasing both clinical and non-clinical roles.

Work experience placements were in the main paused due to COVID-19, however, more recently the NHS Orkney Learning and Development Student Administrator has been liaising with the DYW School Coordinator to put pupils in touch with areas where they may have questions around the profession or need advice on how best to get into a profession. It is hoped work experience placements will be able to become more regular due to restrictions easing.

<sup>20</sup> Further details included in appendix 2

A successful careers fair was held in September 2022 in Kirkwall. The careers event allowed NHS Orkney to showcase individuals across all roles without gender bias, for example male nurse role models and male and female pharmacy colleagues were present throughout the day. NHS Orkney will continue to attend these type of events in order to support the young workforce in understanding all available careers in the NHS.

As a result of the recent careers fair we have seen an increase in school pupils contacting NHS Orkney directly to explore shadowing and work experience opportunities. This is also to support with UCAS application where they are required to evidence they have taken proactive steps to understand their future career.

NHS Orkney will continue to support campaigns to showcase NHS Orkney and NHS careers.

## **Apprenticeships**

Supporting apprenticeships, placements and qualifications is commonplace at NHS Orkney and assists in improving valuable skills required within the workforce in order to grow our own.

NHS Orkney currently have 2 students undertaking a Modern Apprenticeship (MA) with 1 studying Business and Management and the other Healthcare Support. Three students have completed an MA in the past year (2 Business Management and 1 Healthcare Support). The recruitment team explore the potential of making any Band 2 post (due to be advertised) a Modern Apprenticeship opportunity.

NHS Orkney currently have 14 Graduate Apprentices comprising: 11 Business Management students and 3 Data Science students. Four of our Business Management Graduate Apprentices are due to graduate in December 2022. We are currently reviewing how the graduate apprenticeship model is sustained at NHS Orkney with a vision to have representation on courses available via Robert Gordon University; Business Management, Data Science, Engineering and Accounting.

Two Healthcare National Qualifications (NQ) students from the Orkney college were on placement in the Inpatient setting at the Balfour for a year which was only possible during the pandemic due to them already being employed as Domestic staff by NHS Orkney. Within the academic year 2022/23 there are a further two students planned to undertake their NQs in Access to Nursing. Access to Nursing courses are designed to enable students to gain the necessary qualifications to progress to university to study a degree in nursing. These courses are suitable for school leavers who require top up qualifications and for mature students who have been out of education for a while. UHI Orkney provide these courses on a very flexible basis to support students in the most appropriate manner suitable to them. Courses are provided on a full time, part time and vocational pathway basis.

Foundation Apprenticeships are continuing across NHS Orkney in 2022/23. These are a blended learning approach combining a work-based qualification with academic learning and industry involvement. The Foundation Apprenticeship at Orkney College UHI takes two years to complete. learners spend part of the week

out of school at the college doing hands on work. Due to covid we had to turn down pupils previously, but it has been very positive to get this reintroduced. Two school pupils will be starting in the Healthcare foundation apprenticeship in 2022/23 and we will look to potentially offer more placements in different subjects in 2023/24 and 2024/25.

A total of 12 employees completed an SVQ in Business and Administration or Healthcare Support in 2021-2022. One further employee is currently enrolled on the Healthcare Support SVQ.

NHS Orkney are invited members of the Health and Social Care Advisory Group led by Orkney College. This group meets on a regular basis and provides an opportunity for the Health and Social Care Department of Orkney College to discuss its current and planned provision to make sure it is meeting the needs of local employers and addresses the requirements of the Scottish Social Services Council and the Care Inspectorate and Skills for Health.

## **Retire and Return**

A retire and return policy was introduced at NHS Orkney in 2021. This policy allowed an easy route for retiring colleagues to return to their vacant role on a part time fixed term basis in order to help retain the knowledge and experience of the retiring colleagues in the organisation. Since the implementation of the Once for Scotland approach this localised document has been superseded however NHS Orkney still continue to provide opportunities for colleagues to retire and return to work.

## **International Recruitment**

The [National Workforce Strategy for Health and Social Care in Scotland](#) indicates that International Recruitment is one of a number of routes to resolving the current shortfall in workforce supply. To that end, the Scottish Government have asked, and to a certain extent funded, all Boards to develop their international recruitment capacity and capability to increase their current and future workforces.

Through conversations with international recruitment agencies we have found that there is a preference for candidates to work in the central belt and are uninterested in Island roles. Deputy HR Directors from across the North of Scotland have been considering how to best develop international recruitment capacity and capability. A number of options have been considered, with the preferred option of the majority of the Deputy HR Directors being to develop a North of Scotland International Recruitment Service (NoS IRS) hosted by NHS Grampian. NHS Grampian has been identified as the Host Board due to the knowledge and expertise they have gained over the past 5 years of developing their own international recruitment capacity and capability.

Each of the Boards across the NoS have different service configurations, geographies, demographics and workforce challenges. A NoS IRS would therefore need to be founded on the principles of sustainability, fairness, equity, governance and transparency. It is proposed that local Boards retain responsibility for the local person centred support elements of international recruitment, including:

- Identifying the workforce need, including the number, grade and roles required
- Interviewing candidates
- Approving visas
- Arranging pastoral support
- Sourcing accommodation
- Local pastoral support

However, it is proposed that the NoS IRS would be responsible for the overall transactional recruitment process and specialist knowledge elements including:

- Developing resourcing plans
- Advertising
- Arranging formal offers
- Arranging visas
- Agreeing initial educational needs with the service
- Arranging relocation
- Arranging OSCE for NMC candidates
- Delivering the initial education programme

In preparing for International Recruitment NHS Orkney's recruitment team participated in a support programme which was facilitated by the Centre for Workforce Supply (CWS) at NHS Education for Scotland. The programme included informative sessions led by various stakeholders experienced in International Recruitment. The sessions included various aspects of Recruiting overseas, including the International Recruitment Code of Practice, Visas, Sponsorship, OSCE training, NMC registration, onboarding and pastoral support.

A local handbook was developed which will be issued to colleagues joining NHS Orkney from overseas, which includes information relevant to Orkney and NHS Orkney. This aims to support the employee's onboarding, as well as integration into the community and working environment. Additionally, the local Recruitment team are engaging with external recruitment agencies who specialise in International Recruitment, in conjunction with relevant local stakeholders, with a view to appointing an agency to partner with to successfully undertake International Recruitment activity.

To help combat the housing difficulties across Orkney some staff accommodation has recently been updated and modernised and will be used to accommodate international recruits.

In the past 24 months NHS Orkney have successfully appointed 5 international colleagues and will continue to play a part in NHS Scotland's approach to international recruitment.

## **Technology**

Digital development and digital skills have increased at pace during the pandemic period, and the new tools that we have available to us have opened opportunities to develop this even further. Clinical services have fully embraced digital and remote



working and in planning future service delivery there is a cross system plea for digital resources to digitally deliver a wide range of interventions.

Through implementation of an accelerated Near Me roll out programme all GP practices and specialities were given access to this technology with many now adopting as business as usual. Near Me is now well embedded within many service areas and NHS Orkney is committed to continuing its use, as and where clinically appropriate, given the positive impact on reducing the barriers of our geographical location as well as the risk of virus transmission and the benefits of reduced travel and resulting CO2 emissions in line with our sustainability agenda.

## **Anchor Institution**

Due to its size, scale and relationship with local populations, NHS Orkney is a powerful anchor institution that can positively influence social, economic and environmental outcomes in addition to direct impacts to public health. One of the five key areas in which NHS Orkney can take action as an anchor institution is by Employment.

There are strong links between work and health. For NHS Orkney to provide a positive impact to health it must: provide stable employment, pay a living wage, offer fair working conditions, provide a work-life balance and career progression. This is known as quality work. By aiding residents into quality work, NHS Orkney can improve the overall welfare of the local community and narrow inequalities.

Anchor workforce strategies involve determining how NHS Orkney can grow a local workforce supply and widen access to employment for residents, but also how to be a better employer and help build a career for more people. NHS Orkney acts as an anchor due to the number of jobs it creates, but also how it can support the health and wellbeing of its staff through good employment conditions and working environments.

Work is ongoing in NHS Orkney to create an action plan to increase the organisations ability to act as an anchor institute. Employment will be a key part of that which will in turn help support Workforce supply.

## **Redeployment**

There are a number of reasons why colleagues may be displaced in the organisation and require to be redeployed into different roles. NHS Orkney is very proactive at supporting redeployment of colleagues in partnership with trade union representatives. This is expected to continue across the next three years.

## **Development of new posts**

NHS Orkney recognise the benefits of Advanced Nurse Practitioners who are experienced and highly educated registered nurses and who manage the complete clinical care of patients. The current Advanced Nurse Practitioner model in NHS Orkney deploys Advanced Nurse Practitioners to a number of the ferry linked Isles to provide twenty-four seven care for residents. This model works very well and NHS

Orkney is now considering whether there is the potential for a model of Advanced Practitioners that would provide a generic flexible role to deliver care during the in and out of hours period on the ferry linked Isles and mainland Orkney, including acute care in the Balfour Hospital.

Service managers are also looking at skill mix in certain areas and services all across NHS Orkney have been “growing their own” fully utilising the opportunities of annex 21 in the agenda for change terms and conditions. This will continue across the next three years.

## **Volunteering**

We recognise that volunteering can support our workforce and enhance patient experience. During the pandemic volunteering was drastically reduced at NHS Orkney. The only volunteers that remained in place was Breastfeeding Peer Support who are active in the community.

We hope to reinvigorate volunteering going forward and will work to identify areas of opportunity to use volunteers then create an induction and a suite of documents that will support volunteers in their role. Our ambition is to link with Voluntary Action Orkney who are our local experts in volunteering. We hope to create a partnership which will enable our local volunteers to work across NHS Orkney.

We will continue to work with [Health Improvement Scotland](#) to follow the volunteering guidance and expertise which is available within the NHS.

## **Talent and Leadership**

Succession planning and Leadership opportunities are essential throughout all levels of the organisation to ensure leaders of the future are ready and available. We are currently working on our manager induction and leadership courses to be delivered across 2022/23 and 2023/24. We are collaborating with NHS Shetland to implement and embed a management and leadership framework with a link to a succession planning programme from 2023/24. This will be part of our People, Wellbeing and Culture Strategy.

## **Home working**

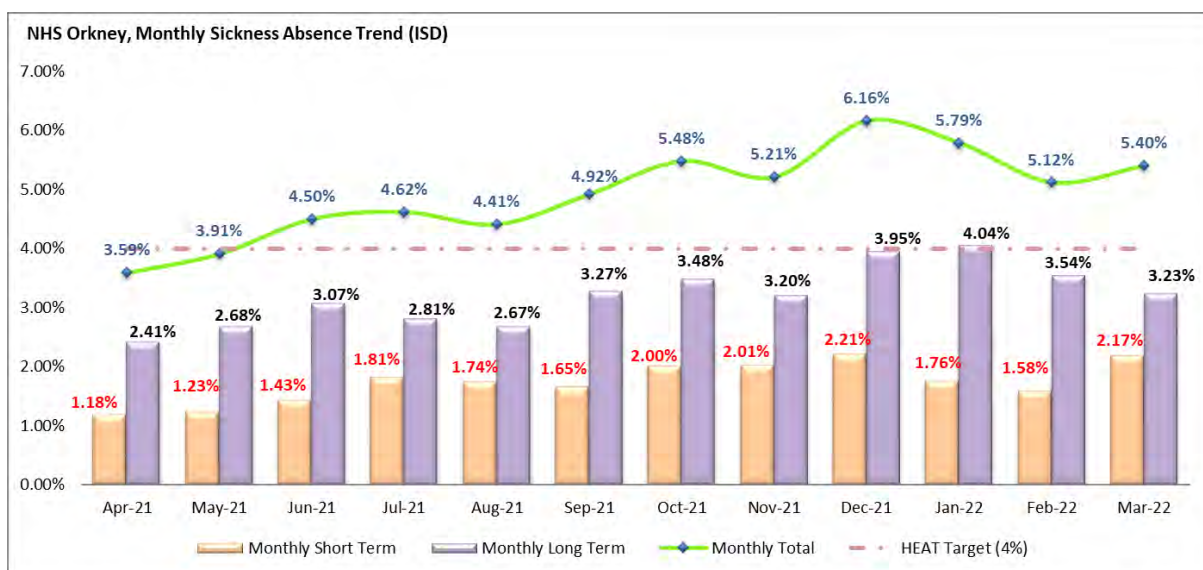
The change in technology available to all Boards has allowed the organisation to recruit highly skilled colleagues based all across the country. This has attracted the expertise that ordinarily NHS Orkney has been unable to recruit and retain due to geographical location of the islands. NHS Orkney are awaiting the finalisation and introduction of the Once for Scotland flexible work location policy which will allow this working practice to be cemented formally.

## 5.0 Wellbeing

Our workforce is our most important asset and the wellbeing of our workforce is paramount. Supporting staff wellbeing has been key to the sustainability of the workforce during the pandemic. The welfare of the workforce is a fundamental interdependency that cuts across service and workforce planning.

### Absence

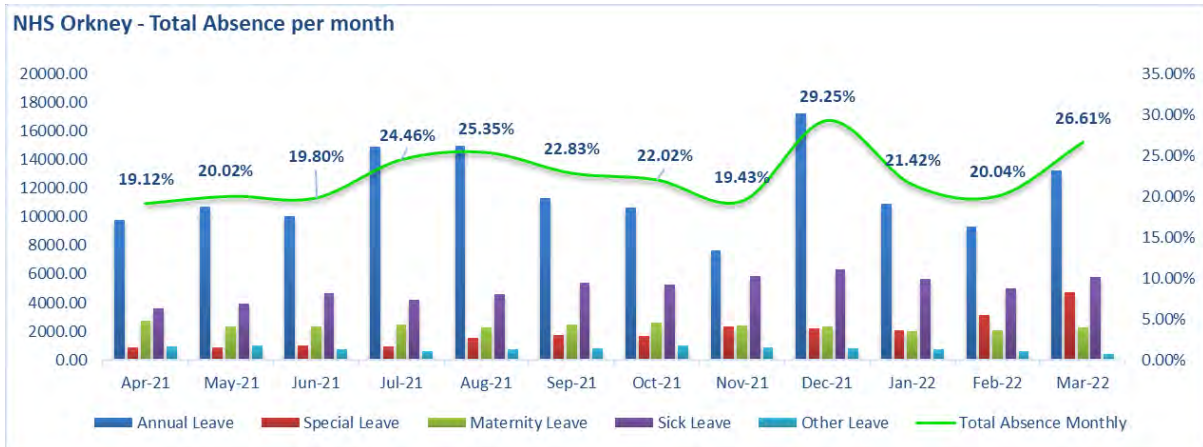
In 2021/22 the monthly sickness absence rates in NHS Orkney fluctuated between 3.59% and 6.16%. The following chart shows the ISD (Information Services Division) monthly sickness absence rates Month by Month, from April 2021 to March 2022.



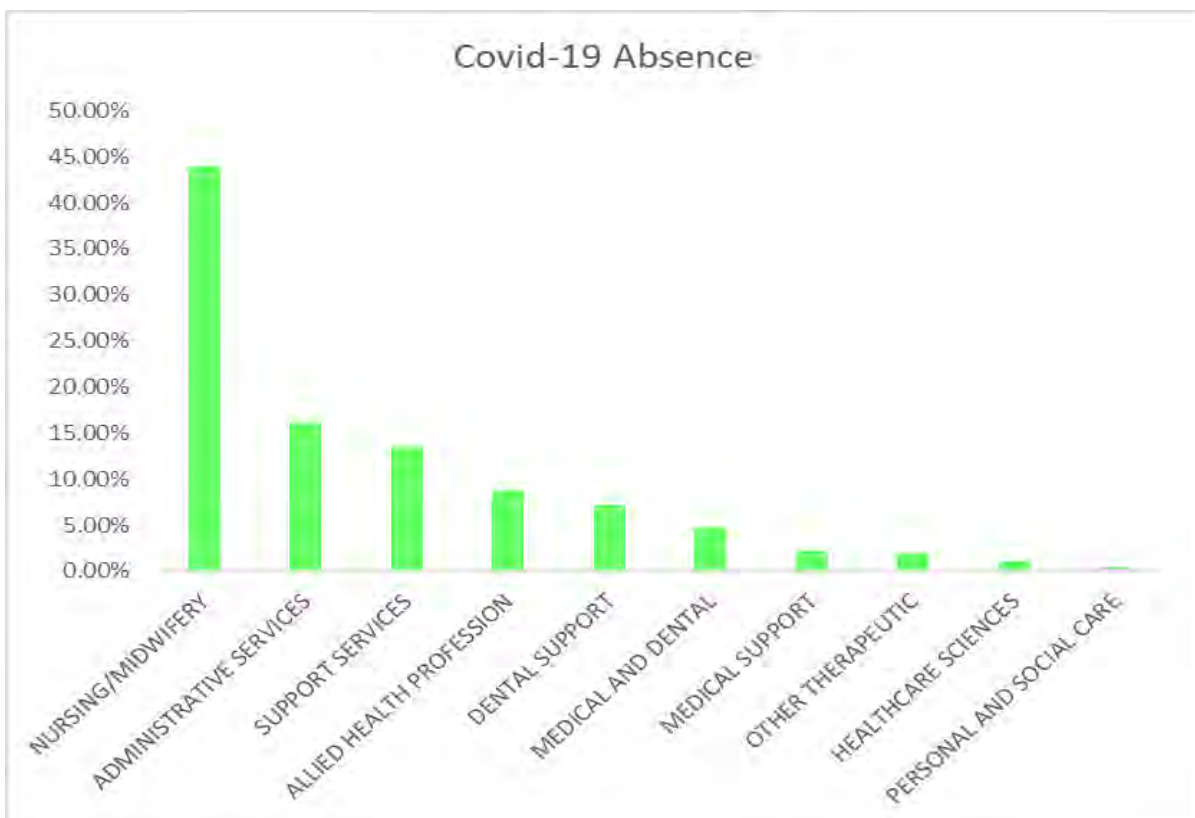
The most common absence reason at NHS Orkney year on year is anxiety/stress/depression/other psychiatric illnesses followed by musculoskeletal problems. There has been a rise more recently in “unknown” causes. The HR Team are working closely with line managers, SSTS Rosterers and the SSTS team to remind and encourage all parties to code the absence reasons accurately in order to support staff appropriately.

With an expected monthly average total for all absence types (absence types as recorded within SSTS included within the totals are: annual leave including public holidays; sickness absence; maternity leave; special leave; parental leave, paid and unpaid; compensatory rest; facilities time; infection control; mandatory training; study leave; and unpaid authorised leave) being 22.5% to support a manageable service provision the following chart shows the monthly percentage figures for NHS Orkney for the period of April 2021 to March 2022. Chart 6 shows that the highest recording of absence is in December 2021 at 29.25% with the next highest being March 2022 at 26.61% which can be associated with the Festive period and year-end usage of leave respectively.

## NHS Orkney Workforce Plan 2022-2025



COVID-19 related absences (in addition to Sickness Absence) equated to 1.07% in 2021/22 and has a latest monthly figure (April 2022) of 2.05%. Our most populated job family was the one with the highest level of absence related to COVID-19 as shown in the chart below:



As stated previously, the rise in cases of COVID-19 in Orkney has been somewhat different from mainland Scotland. NHS Orkney have seen the worst levels of COVID-19 in 2022. COVID-19 is still causing daily significant absence across the workforce.

Tiredness is a challenge. Colleagues have been working more intensely than ever before. Staff working from home have lacked the benefit of crossing a physical

threshold that represents an end to work. Staff who have less than usual to do feel guilty, as though they are letting the team down, and their sense of guilt is wearying. Clocking off work does not mean that thoughts of work switch off, and colleagues often return to work from weekends or annual leave without feeling refreshed. The fatigue currently pervading the healthcare workforce should not be pathologized. The 'cure' for exhaustion is rest, accompanied by understanding and gratitude. There seems to be a culture of "presenteeism" for colleagues who are currently mainly based working from home. Certain groups of staff are continuing to work from home despite being unwell.

As described in the Interim Workforce Plan for 2021/22 there was an enhanced need to equip managers with the skills to have coaching conversations, to have mental health and wellbeing conversations and understand the social isolation that may come from more and more home working, ensuring risk in this regard was considered and well managed. Since July 2021 the HR team have been developing and delivering training sessions to managers throughout the organisation to meet this need. The first session delivered was 'Managing Sickness Absence' followed by 'Managing Difficult Conversations'. Several further courses have since been created and delivered.

The pre-assessment questionnaire issued to managers prior to the 'Managing Sickness Absence' training revealed 53% of attendees felt they had little to no knowledge of the attendance policy/procedures. However, following training:

- 45% of attendees felt they could confidently go through the process
- 42% of attendees felt they could go through the process
- 13% of attendee felt they could go through the process with HR support
- 87% of attendees felt confident in the role of the manager in managing sickness absence
- 92% felt confident in carrying out a Return to Work interview

'Managing Difficult Conversations' training also received mainly positive feedback with attendees praising the relevance and clarity of the training. Most noted in the feedback is the good use of examples and opportunities to discuss difficult management scenarios with other managers. The pre-assessment questionnaire revealed only 5% of attendees felt confident approaching a difficult conversation prior to attending the session. Feedback following the training highlighted:

- 40% of attendees felt confident approaching a difficult conversation
- 60% of attendees felt somewhat confident approaching a difficult conversation

The HR team have amended training based on feedback given where required and will continue to deliver training and create new training to deliver linked to: current Once for Scotland policies (phase 1); future Once for Scotland policies (phase 2); and NHS Orkney policies (that fall outwith the Once for Scotland policies).

## Resources

We understand that providing colleagues with clear and concise communications is essential to ensuring they are supported appropriately. Wellbeing support and

resources are regularly shared to staff. The NHS Orkney [Staff Wellbeing](#) page is updated on a rolling basis. This page currently includes further detail on:

- Highlighted listening and support services including OHAC staff support line and NHS Orkney chaplaincy “time to talk” line.
- NHS Grampian Psychological Resilience Hub
- PRoMIS National Wellbeing Hub
- Support resources including Occupational Health, whistleblowing and trade unions
- Many courses, apps and tools (16 currently highlighted) including sleepio and silvercloud.
- General information including link to NHS Inform – 5 steps to mental wellbeing
- Other sources of information and support including NHS 24, Relationships Scotland, Cruse Bereavement Scotland and Samaritans
- Going home checklist

Further information is shared on a weekly basis with staff which, over the past year, has included:

- LGBTQ+ survey on health and wellbeing
- Cycle to work day
- Menopause awareness
- Health and Social Care Winter Overview – Staff wellbeing
- Clock time changes with links to information to help with sleep
- Programme of wellbeing webinars
- Winter wellbeing week – Health at hand
- World sleep day, tips for better sleep
- Mental Health awareness week

In order to help with physical fitness this autumn a NHS Orkney Fit for Fun challenge has been initiated. Teams of four are invited to join with the aim for each team to try as many different activities as possible, with around 30 activities to choose from. Prizes have been donated by the local leisure centre for the top 3 winning teams.

The COVID-19 pandemic highlighted the importance of being outdoors and accessing greenspace. Greenspace exposure can enhance all aspects of health (physical, mental and social) and has been associated with a greater psychological connection to the natural world, which encourages pro-environmental behaviour. Funding was received from the NHS Orkney Endowment Fund and the Green Exercise Partnership to build 3 Polycroo Polytunnels, a small number of seats and planter beds, onsite at the Balfour, as shown in the photograph below.



## NHS Orkney Polytunnels



This internal and external space will provide a safe, secluded, sheltered, off-grid, environmentally friendly, low carbon, user friendly area where people can benefit from rest, relaxation, recreation, recovery and rehabilitation. It is hoped this will be beneficial for the mental, emotional and physical health of staff providing all round better outcomes for individuals health and wellbeing.

Additionally, it is hoped it can be used for educational purposes around growing vegetables and plants. The polytunnels will also help to deliver on public health priorities, provide opportunities to use greenspace for therapeutic purposes in personalised care plans, drive forward NHS Orkney's sustainability agenda, promote Isles-based activity that supports green and inclusive exemplar practices and support NHS Orkney's ambitions as an anchor institution.

NHS Orkney have worked hard to ensure the wellbeing of the workforce and will continue to do so going forward.

### 6.0 Action Plan

The [health and social care national workforce strategy](#) recognises that in order to achieve the ambitions, vision, outcomes and values, which are key to the strategy, actions must be aligned to the full workforce journey. The strategy outlines five pillars of the workforce journey; plan, attract, train, employ and nurture. This section details the actions that NHS Orkney will take across the next three years, along the whole workforce journey, in order to attract, recruit and train staff in sufficient numbers to deliver the future workforce in the context of changing local workforce demography.

#### 6.1 Plan

The workforce strategy describes planning as the first part of the workforce journey and states data about our workforce is key to understanding where and how that workforce delivers health and care services to the people of Scotland. The strategy



states we must strive to improve the quality and granularity of the data we collect and adapt our planning accordingly.

## 2022/23 - Actions to be taken over the next 12 months

- Ensure a high level of equality detail is maintained by contacting all colleagues across NHS Orkney and ask them to review their demographic and equality data and update if required. It is expected this will be done on an annual basis.
- Reviewing bank contracts on a monthly basis (continuing throughout the three years).
- Finalise the workforce dashboard and share detail with managers as and when required (continuing throughout the three years).
- Undertake a thorough organisational establishment review (potentially carrying over into 2023/24 if required) supported by FSO, to help more clearly articulate and understand service gaps.
- Continue to prepare and present a workforce report including detail on: Establishments and Staff in post; Bank Usage; Overtime and Excess Hours; Sickness absence and Overall Absence; Starters and Leavers; Workforce Profile; Displaced Staff; Vacancy Management; Appraisal; Statutory and Mandatory training; Employee Relations; and Occupational Health information to the Staff Governance Committee on a quarterly basis (continuing throughout the three years).
- Completion of the Board Health and Care (Staffing) (Scotland) Act Implementation Plan thus ensuring the general principles and duties are embedded into business as usual in preparation for enactment on 01 April 2024. The actions to be completed against each duty is noted in the table below:

Health & Care (Staffing) (Scotland) Duties	Implementation Plan
12IA – Duty to ensure appropriate staffing	<ul style="list-style-type: none"> <li>• Re-establish programme board</li> <li>• Ratify Clinical Workforce Governance Framework to inform 3-year Workforce Plan</li> </ul>
12IB – Duty to ensure appropriate staffing: agency workers	<ul style="list-style-type: none"> <li>• Review usage and associated cost quarterly</li> <li>• Collate and submit data to Scottish Government</li> </ul>
12IC – Duty to have real-time staffing assessment in place	<ul style="list-style-type: none"> <li>• Embed national real-time staffing resource(s)</li> <li>• Develop and embed local real-time staffing resource</li> <li>• Develop ‘Safe to Start’ standard operating procedure, including escalation matrix</li> </ul>
12ID – Duty to have risk escalation process in place	
12IE – Duty to have arrangements to address severe and recurrent risk	
12IF – Duty to seek clinical advice on staffing	

## NHS Orkney Workforce Plan 2022-2025

12IG – Duty to ensure appropriate staffing: number of registered healthcare professionals etc	<ul style="list-style-type: none"> <li>Embed systems and process into vacancy panel and Executive Management Team</li> </ul>
12IH – Duty to ensure adequate time given to clinical leaders	<ul style="list-style-type: none"> <li>Scope WTE and cost to implement and include in financial plan</li> </ul>
12II – Duty to ensure appropriate staffing: training of staff	<ul style="list-style-type: none"> <li>Ratify and fund statement of training requirement (internal and external)</li> </ul>
12IJ – Duty to follow the common staffing method	<ul style="list-style-type: none"> <li>Agree specialist and professional judgement only workload tool runs for quarter 2 and 3</li> <li>Complete as per Clinical Workforce Governance Framework (draft)</li> <li>Embed training into induction, statutory/mandatory training</li> </ul>
12IK – Common staffing method: types of health care	
12IL – Training and consultation of staff	
12IM – Reporting on staff	<ul style="list-style-type: none"> <li>Completion of HIS HSP Board self-assessment template</li> </ul>

### 2023/24 – Actions to be taken in 12 – 24 months

- Update equality and diversity data where required.
- Review the use of bank contracts
- Continue issuing data from workforce dashboard to managers as and when required.
- Complete organisational establishment review.
- Create and present workforce report to Staff Governance Committee quarterly.
- Duties to be completed from the Board Health and Care (Staffing) (Scotland) Implementation Plan against each duty noted in the table below:

Health & Care (Staffing) (Scotland) Duties	Implementation Plan
12IA – Duty to ensure appropriate staffing	<ul style="list-style-type: none"> <li>Implement Clinical Workforce Governance Framework to inform 3 year Workforce Plan</li> </ul>
12IB – Duty to ensure appropriate staffing: agency workers	<ul style="list-style-type: none"> <li>Review usage and associated cost quarterly</li> <li>Collate and submit data to Scottish Government</li> </ul>
12IC – Duty to have real-time staffing assessment in place	<ul style="list-style-type: none"> <li>Embed national real-time staffing resource(s)</li> <li>Develop and embed local real-time staffing resource</li> <li>Ratify 'Safe to Start' SOP, including escalation matrix</li> </ul>
12ID – Duty to have risk escalation process in place	
12IE – Duty to have arrangements to address severe and recurrent risk	
12IF – Duty to seek clinical advice on staffing	

## NHS Orkney Workforce Plan 2022-2025

12IG – Duty to ensure appropriate staffing: number of registered healthcare professionals etc	<ul style="list-style-type: none"> <li>• Embed systems and process into vacancy panel and EMT</li> <li>• Embed national real-time staffing resource(s)</li> </ul>
12IH – Duty to ensure adequate time given to clinical leaders	<ul style="list-style-type: none"> <li>• Amend funded establishment</li> </ul>
12II – Duty to ensure appropriate staffing: training of staff	<ul style="list-style-type: none"> <li>• Annual review, ratify and fund statement of training requirement (internal &amp; external)</li> </ul>
12IJ – Duty to follow the common staffing method	<ul style="list-style-type: none"> <li>• Agree specialist and professional judgement only workload tool runs for Q1/Q2/Q3</li> <li>• Complete as per Clinical Workforce Governance Framework (draft)</li> <li>• Embed training into induction, statutory/mandatory training</li> </ul>
12IK – Common staffing method: types of health care	
12IL – Training and consultation of staff	
12IM – Reporting on staff	<ul style="list-style-type: none"> <li>• Completion of HIS HSP Board self-assessment template</li> </ul>

### 2024/25 – Actions to be taken in 24 – 36 months

- Update equality and diversity data where required.
- Review the use of bank contracts.
- Request feedback from managers on workforce dashboard and review and update dashboard if required, based on feedback received.
- Create and present workforce report to Staff Governance Committee quarterly.
- Workforce planning training to be created and rolled out to managers in preparation for completion of the future three-year workforce plan.
- Duties to be completed from the Board Health and Care (Staffing) (Scotland) Implementation Plan against each duty noted in the table below:

Health & Care (Staffing) (Scotland) Duties	Implementation Plan
12IA – Duty to ensure appropriate staffing	<ul style="list-style-type: none"> <li>• Implement Clinical Workforce Governance Framework to inform 3yr Workforce Plan</li> </ul>
12IB – Duty to ensure appropriate staffing: agency workers	<ul style="list-style-type: none"> <li>• Review usage and associated cost quarterly</li> <li>• Collate and submit data to Scottish Government</li> </ul>
12IC – Duty to have real-time staffing assessment in place	<ul style="list-style-type: none"> <li>• Embed national real-time staffing resource(s)</li> <li>• Develop &amp; embed local real-time staffing resource</li> <li>• Develop 'Safe to Start' SOP, including escalation matrix</li> </ul>
12ID – Duty to have risk escalation process in place	
12IE – Duty to have arrangements to address severe and recurrent risk	

12IF – Duty to seek clinical advice on staffing	<ul style="list-style-type: none"> <li>• Embed systems and process into vacancy panel and EMT</li> </ul>
12IG – Duty to ensure appropriate staffing: number of registered healthcare professionals etc	
12IH – Duty to ensure adequate time given to clinical leaders	<ul style="list-style-type: none"> <li>• Annual review as part of funded establishment review</li> </ul>
12II – Duty to ensure appropriate staffing: training of staff	<ul style="list-style-type: none"> <li>• Annual review, ratify and fund statement of training requirement (internal and external)</li> </ul>
12IJ – Duty to follow the common staffing method	<ul style="list-style-type: none"> <li>• Agree specialist and professional judgement only workload tool runs for Q1/Q2/Q3</li> <li>• Complete as per Clinical Workforce Governance Framework (draft)</li> <li>• Embed training into induction, statutory/mandatory training</li> </ul>
12IK – Common staffing method: types of health care	
12IL – Training and consultation of staff	
12IM – Reporting on staff	<ul style="list-style-type: none"> <li>• Completion of HIS HSP Board self-assessment template and submit to Scottish Government April 25</li> </ul>

## 6.2 Attract

The labour market has changed significantly over the last two years and labour market pressure poses an increasing challenge across the Health and Social Care system. The workforce strategy states we must consider how we can recruit people through alternative routes and where we put resources to maximise and attract the pool of talent we need for our workforce.

### 2022/23 - Actions to be taken over the next 12 months

- Undertake careers fairs (restrictions allowing) articulating the careers available throughout the NHS.
- Undertake school visits (restrictions allowing) with practice education.
- Progress domestic recruitment campaigns regularly, as and when required, monitoring the time taken to recruit against Nationally set KPIs regularly.
- Undertake a review of Clinical Journals used during recruitment campaigns.
- Work towards achieving the international recruitment targets in collaboration with the North of Scotland region international recruitment service.
- Identify volunteer opportunities within the organisation and create an induction and peer support system for volunteers.
- Introduction of the Once for Scotland flexible work location policy potentially allowing home working practice across the country to be formally adopted.
- Develop a clear and publicly available Modern Slavery Statement.

## **2023/24 – Actions to be taken in 12 – 24 months**

- Undertake careers fairs articulating the careers available within the NHS.
- Undertake school visits with practice education.
- Review of “work for us” section on the NHS Orkney website.
- Progress domestic recruitment campaigns as and when required.
- Continue international recruitment collaboratively with the North of Scotland International Recruitment service.
- Expand volunteering networks across the organisation and showcase the contributions volunteers have made.
- Reintroduce work experience placements.
- Define NHS Orkney’s shared values.
- Identify equality and diversity champions within NHS Orkney to form a local network.

## **2024/25 – Actions to be taken in 24 – 36 months**

- Promote fair working practices.
- Undertake careers fairs articulating the careers available throughout the NHS.
- Undertake school visits with practice education
- Progress domestic recruitment campaigns as and when required.
- Continue international recruitment.
- Expand work experience placements.
- Review Employability programmes available.

### **6.3 Train**

The workforce strategy states we must support our staff with the skills and education to deliver Health and Social Care services. Training our staff ensures that they have the skills to continue to develop in their roles as well as developing career paths which will aid retention of our workforce. This, in turn, supports the people of Scotland to achieve the best health and care outcomes and experience possible.

## **2022/23 - Actions to be taken over the next 12 months**

- Undertake an organisational training needs analysis to identify the training requirements across the organisation.
- Implement a self-service option for booking training.
- Liaise with higher education institutions, (HEI), for example Robert Gordon University (RGU), University of the Highlands and Islands (UHI), to explore training and development opportunities.
- Education to be provided on risk assessments, incident management/investigation and legal accountability.
- Review and create a suite of Inductions including: Corporate Induction; Clinical Induction; and Managers Induction. Ensuring that outwith the Corporate Induction Programme, team based specific Inductions take place for all staff joining, on promotion and moving departments. This will ensure

that staff not only understand fully the requirements of their role but also understand how that fits. Induction is a key strand of building a connection to the organisation, their manager and the teams they work with.

- Create infrastructure for leadership opportunities at all levels throughout the organisation; National leadership development programme, engaging with local colleagues and universities, and exploring third party providers and professional speakers.
- Collaborate with NHS Shetland to support management and leadership training across the organisation.
- Create and deliver management bundles on HR and management roles and responsibilities around people management
- Ensuring that staff are provided with the time to undertake the required training necessary for their role and to support interventions for their development and growth.
- Implement new suite of elearning on Turas learn.
- Training requirements related to Board Health and Care (Staffing) (Scotland) implementation plan against the duties noted in the table below:

Health & Care (Staffing) (Scotland) Duties	Implementation Plan
12II – Duty to ensure appropriate staffing: training of staff	<ul style="list-style-type: none"> <li>• Annual review, ratify and fund statement of training requirement (internal and external)</li> </ul>
12IL – Training and consultation of staff	<ul style="list-style-type: none"> <li>• Embed training into induction, statutory/mandatory training</li> </ul>

### 2023/24 – Actions to be taken in 12 – 24 months

- Introduce moving and handling key handlers to support health and safety priorities
- Liaise with higher education institutions, (HEI), eg, Robert Gordon University (RGU), University of the Highlands and Islands (UHI), to explore training and development opportunities.
- Continue to create and deliver management bundles on HR and management roles and responsibilities around people management
- Ensuring that staff are provided with the time to undertake the required training necessary for their role and to support interventions for their development and growth.
- Training requirements related to Board Health and Care (Staffing) (Scotland) implementation plan against the duties noted in the table below:

Health & Care (Staffing) (Scotland) Duties	Implementation Plan
12II – Duty to ensure appropriate staffing: training of staff	<ul style="list-style-type: none"> <li>• Annual review, ratify and fund statement of training requirement (internal &amp; external)</li> </ul>
12IL – Training and consultation of staff	<ul style="list-style-type: none"> <li>• Embed training into induction, statutory/mandatory training</li> </ul>

## 2024/25 – Actions to be taken in 24 – 36 months

- Liaise with higher education institutions, (HEI), eg, Robert Gordon University (RGU), University of the Highlands and Islands (UHI), to explore training and development opportunities.
- Continue to create and deliver management bundles on HR and management roles and responsibilities around people management
- Ensuring that staff are provided with the time to undertake the required training necessary for their role and to support interventions for their development and growth.
- Training requirements related to Board Health and Care (Staffing) (Scotland) implementation plan against the duties noted in the table below:

Health & Care (Staffing) (Scotland) Duties	Implementation Plan
12II – Duty to ensure appropriate staffing: training of staff	<ul style="list-style-type: none"> <li>• Annual review, ratify and fund statement of training requirement (internal &amp; external)</li> </ul>
12IL – Training and consultation of staff	<ul style="list-style-type: none"> <li>• Embed training into induction, statutory/mandatory training</li> </ul>

## 6.4 Employ

The workforce strategy states it is vital that our staff feel valued and rewarded for the work they do, and that NHS Scotland and Social Care employers are employers of choice.

## 2022/23 - Actions to be taken over the next 12 months

- Senior management engagement and contribution to Once for Scotland stakeholder engagement sessions if required.
- Introduction of local Terms and Conditions subgroup
- Promote the introduction of new Once for Scotland policies within NHS Orkney to support colleagues understand how this enhances their workforce journey.
- Working in partnership undertake a review of all NHS Orkney policies, which are out with the Once for Scotland phase two roll out, prioritise and update.
- Provide pastoral and preceptorship support to international recruits
- Celebrate success of graduate apprenticeships.

## 2023/24 – Actions to be taken in 12 – 24 months

- Recognition of long service awards
- Celebrate success of graduate apprenticeships.
- Explore education endowment opportunities.
- Continue update of policies as per agreed priority.



## **2024/25 – Actions to be taken in 24 – 36 months**

- Recognition of long service awards
- Celebrate success of graduate apprenticeships.
- Continue update of policies as per agreed priority

### **6.5 Nurture**

For the last part of the workforce journey the workforce strategy states once we have employed our workers, it is important that we support and nurture them. The wellbeing of our Health and Social Care workforce, wherever they work, remains an essential priority.

## **2022/23 - Actions to be taken over the next 12 months**

- Undertaking a wellbeing cultural review in line with the 8 aspects of culture: vision/values/goals and performance, quality and innovation/team working/compassionate care/compassionate leadership and collective leadership. This work will be the basis of our People Strategy 2022-2026.
- Further develop the Staff Wellbeing and Support Group including recruiting wellbeing champions to support idea generation, participation in schemes to support and embed wellbeing and wellness and support communication flow with the services.
- Implement and promote a physical activity programme “fit for fun”.
- Enhance and update the staff wellbeing page which is updated on a rolling basis and signposts to wellbeing training resources e.g. Psychological First Aid and Coaching.
- Engagement with citizens advice bureau to introduce a programme of work aimed at supporting colleagues with their financial position.
- Exploring the establishment of a staff hardship fund to support staff, through a co-ordinated approach enabling them to also access wider community support across the system.
- Facilitate clear, strong and credible representation of NHS Orkney staff at national equality and diversity network meetings.
- Implement updated equality and diversity elearning.
- Review and action conclusions of the NHS Orkney equality and diversity workforce monitoring report 2021/22.
- Continued roll out of managers bundles training to support the wellbeing of all colleagues.
- Promote polytunnel open day for staff.
- Monitor appraisal rate, promote training on appraisals and encourage managers to ensure appraisals are undertaken for their staff.
- Facilitate the iMatter questionnaire and support managers to develop local outputs into meaningful actions.

## **2023/24 – Actions to be taken in 12 – 24 months**

## NHS Orkney Workforce Plan 2022-2025

- Increase manager attendance at NHS Orkney money worries training with an aim of supporting their teams.
- Promote staff wellbeing page.
- Review and action conclusions of the NHS Orkney equality and diversity workforce monitoring report 2022/23.
- Continuation of introduction and promotion of Once for Scotland policies to support wellbeing of colleagues.
- Continued roll out of managers bundles training to support the wellbeing of all colleagues.
- Monitor appraisal rate, promote training on appraisals and encourage managers to ensure appraisals are undertaken for their staff.
- Facilitate the iMatter questionnaire and support managers to develop local outputs into meaningful actions.

### **2024/25 – Actions to be taken in 24 – 36 months**

- Review and action conclusions of the NHS Orkney equality and diversity workforce monitoring report 2023/24.
- Promote staff wellbeing page.
- Continued roll out of managers bundles training to support the wellbeing of all colleagues.
- Monitor appraisal rate, promote training on appraisals and encourage managers to ensure appraisals are undertaken for their staff.
- Facilitate the iMatter questionnaire and support managers to develop local outputs into meaningful actions.

### **7.0 Implement, Monitor and Refresh**

The 3-year Workforce Plan was submitted in draft to Scottish Government on 30 July 2022. Feedback was received in September 2022 and the final plan published on 30 November 2022.

Heads of Service and Managers will be responsible for ensuring actions are followed for their own work areas. The Workforce Planning Lead will meet with managers on a regular basis to support colleagues with action plan implementation.

The Workforce Plan will be reviewed and refreshed annually.

**Appendix 1: Establishment as at 31 March 2022**

Accounting Year		2021			
Directorate	Department	Job Family	Budget WTE	Current WTE	
Acute Services Directorate	Hospital Management	Agency Nursing Registered	0	0.23	
		Nursing & Midwifery-trained	3	3	
	<b>Hospital Management Total</b>			<b>3</b>	<b>3.23</b>
	Hospital Medical Staff	Agency Consultant Med Staff	0	6.65	
		Agency Junior Medical & Dental	0	1.49	
		Junior Medical & Dental	5	6.99	
		Sen Med Costs - Consultant	11.72	12.59	
		Sen Med Costs - Non Consultant	4.62	4.23	
	<b>Hospital Medical Staff Total</b>			<b>21.34</b>	<b>31.95</b>
	Laboratory Services	Admin Clerical	1	0.5	
		Agency AHP	0	5.57	
		Biomed Scientist Life Servs	10	8.79	
	<b>Laboratory Services Total</b>			<b>11</b>	<b>14.86</b>
	Radiology/audiology Lead	Agency Ahp	0	4.73	
		Clinical Physiologists	1	0.8	
		Diag Radiographers	11.12	8.21	
	<b>Radiology/audiology Lead Total</b>			<b>12.12</b>	<b>13.74</b>
	Wards + Theatre	Admin Clerical	0.7	0.67	
		Agency Nursing Registered	0	0.3	
		Agency-med Dent Support	0	2.08	
		Bank Nursing Trained	0	2.29	
		Bank Nursing Unregistered	0	4.07	
		General Service Staff	2	1.81	
		Nursing & Midwifery-trained	87.95	80.41	
		Nursing & Midwifery-untrained	42.64	43.8	
		Operating Department	1.91	2	
	Sen Med Costs - Consultant	0	2		
	Theatre Services	12.75	10.42		
<b>Wards + Theatre Total</b>			<b>147.95</b>	<b>149.85</b>	
<b>Acute Services Directorate Total</b>			<b>195.41</b>	<b>213.63</b>	
Chief Executive Officer	Chief Exec Directly Managed	Admin Clerical	2	2	
		Physiotherapists	0.4	0.2	
		Sen Med Costs - Consultant	2	1	
		Sen Med Costs - Non Consultant	0	1	
		Senior Managers	13	11.81	
	<b>Chief Exec Directly Managed Total</b>			<b>17.4</b>	<b>16.01</b>
Corporate Administration	Admin Clerical	9.04	8.52		

NHS Orkney Workforce Plan 2022-2025

<b>Corporate Administration Total</b>		<b>9.04</b>	<b>8.52</b>	
Estates Services	Admin Clerical	2	2	
	Estates Staff	8	8.03	
	Sterile Service Staff	7	6.84	
	Stores Staff	2	2	
<b>Estates Services Total</b>		<b>19</b>	<b>18.87</b>	
Facilities Management	Admin Clerical	3	3.48	
	Estates Staff	0.5	0	
<b>Facilities Management Total</b>		<b>3.5</b>	<b>3.48</b>	
Forensics Service	Sen Med Costs - Consultant	0.1	0.1	
	Sen Med Costs - Non Consultant	0.2	0.2	
<b>Forensics Service Total</b>		<b>0.3</b>	<b>0.3</b>	
Hotel Services	Admin Clerical	3	3	
	Catering Staff	12.3	10.87	
	Domestic Staff	33.24	34.11	
	Estates Staff	0.4	0.4	
	General Service Staff	8.02	9.26	
	Hotel Service Staff	0.75	1.23	
	Laundry/linen Staff	2.25	2.39	
	Nursing & Midwifery-untrained	0	1.36	
	Portering Staff	7.01	8.44	
	Security Staff	2.25	2.18	
<b>Hotel Services Total</b>		<b>69.22</b>	<b>73.24</b>	
Occupational Health	Admin Clerical	0.45	0.45	
	Nursing & Midwifery-trained	2.2	1.6	
<b>Occupational Health Total</b>		<b>2.65</b>	<b>2.05</b>	
Organisational Development	Admin Clerical	5.5	5.49	
	Nursing & Midwifery-trained	1	0	
<b>Organisational Development Total</b>		<b>6.5</b>	<b>5.49</b>	
Workforce Services	Admin Clerical	7.57	8.8	
	Physiotherapists	0.2	0.2	
<b>Workforce Services Total</b>		<b>7.77</b>	<b>9</b>	
<b>Chief Executive Officer Total</b>		<b>135.38</b>	<b>136.96</b>	
Chief Officer Integration Brd	Allied Health Professionals Health Promotion Servs	1.8	1.8	
	<b>Allied Health Professionals Total</b>		<b>1.8</b>	<b>1.8</b>
	Child + Families Service Mngr	Admin Clerical	3.12	4.68
		Agency Ahp	0	3.07
		Nursing & Midwifery-trained	13.4	11.42
		Nursing & Midwifery-untrained	0.62	0.85
		Occupational Therapists	2	2.01
		Physiotherapists	1.6	2.32
	Speech Therapists	3.75	4.05	
	<b>Child + Families Service Mngr Total</b>		<b>24.49</b>	<b>28.4</b>
	Dental Services - CI	Admin Clerical	1	3.78
Dental Nurses		28.06	16.32	
Domestic Staff		0.93	0.86	
Oral Health Services		4.72	3.47	

NHS Orkney Workforce Plan 2022-2025

	Sen Med Costs - Non Consultant	9.7	4.75
<b>Dental Services - CI Total</b>		<b>44.41</b>	<b>29.18</b>
Dn/anp Lead Practitioner	Nursing & Midwifery-trained	1	0.62
<b>Dn/anp Lead Practitioner Total</b>		<b>1</b>	<b>0.62</b>
Health & Comm Care Management	Admin Clerical	1	0
	Psychologists	0.89	0.89
<b>Health &amp; Comm Care Management Total</b>		<b>1.89</b>	<b>0.89</b>
Hhcc Service Man (adults)	Admin Clerical	0.32	0.91
	Agency Ahp	0	2.48
	Bank Nursing Trained	0	0.19
	Bank Nursing Unregistered	0	0.55
	Dieticians	2.71	2.69
	Generic Therapists	3.96	4.47
	Nursing & Midwifery-trained	17.33	18.84
	Nursing & Midwifery-untrained	3.2	2
	Occupational Therapists	7.81	7.91
	Physiotherapists	13.58	10.83
	Podiatrists	3.6	2.45
<b>Hhcc Service Man (adults) Total</b>		<b>52.51</b>	<b>53.32</b>
Integrated Joint Board Mgmnt	Admin Clerical	2	2
	Agency Ahp	0	2.53
<b>Integrated Joint Board Mgmnt Total</b>		<b>2</b>	<b>4.53</b>
Joint Equipment Store	Stores Staff	1	1
<b>Joint Equipment Store Total</b>		<b>1</b>	<b>1</b>
Mental Health Service Mngr	Admin Clerical	3	3
	Agency Consultant Med Staff	0	2.18
	Agency Nursing Registered	0	39.39
	Nursing & Midwifery-trained	13.07	11.57
	Occupational Therapists	0.8	0.6
	Psychologists	3.4	3.91
	Sen Med Costs - Consultant	0	0.3
<b>Mental Health Service Mngr Total</b>		<b>20.27</b>	<b>60.95</b>
Primary Care Manager	Admin Clerical	13.46	14.25
	Agency Nursing Registered	0	2.08
	Bank Nursing Trained	0	1.21
	Bank Nursing Unregistered	0	0.69
	Clin Scientist Life Servs	0.5	0
	Domestic Staff	0	0.12
	Junior Medical & Dental	1	0
	Nursing & Midwifery-trained	26.22	23.56
	Sen Med Costs - Non Consultant	9.99	10.41
<b>Primary Care Manager Total</b>		<b>51.17</b>	<b>52.32</b>
<b>Chief Officer</b>	<b>Integration Brd Total</b>	<b>200.54</b>	<b>233.01</b>
Finance Directorate	Clinical Admin Manager Admin Clerical	28.88	24.56
	<b>Clinical Admin Manager Total</b>	<b>28.88</b>	<b>24.56</b>

NHS Orkney Workforce Plan 2022-2025

Corporate Records	Admin Clerical	1	1
<b>Corporate Records Total</b>		<b>1</b>	<b>1</b>
Finance Services	Admin Clerical	12.69	12.19
	Stores Staff	1	0.8
<b>Finance Services Total</b>		<b>13.69</b>	<b>12.99</b>
FOI Services	Admin Clerical	1	1
<b>FOI Services Total</b>		<b>1</b>	<b>1</b>
H+SCP Covid-19 Costs	Admin Clerical	0	2.3
	Agency Ahp	0	2.97
	Agency Nursing Registered	0	1.15
	Bank Nursing Unregistered	0	0.05
	Domestic Staff	0	1.78
	Estates Staff	0	0.05
	Nursing & Midwifery-trained	0	1
	Nursing & Midwifery-untrained	0	6.35
	Sen Med Costs - Non Consultant	0	0.06
	Speech Therapists	0	0.2
<b>H+SCP Covid-19 Costs Total</b>		<b>0</b>	<b>15.91</b>
Health Board Covid-19 Costs	Admin Clerical	0	4.89
	Agency Ahp	0	2.67
	Agency Consultant Med Staff	0	2.69
	Agency Nursing Registered	0	15.27
	Bank Nursing Trained	0	0.79
	Bank Nursing Unregistered	0	-0.41
	Biomed Scientist Life Servs	0	1
	Catering Staff	0	0.3
	Dental Nurses	0	0.23
	Domestic Staff	0	1.79
	General Service Staff	0	0.75
	Health Promotion Servs	0	7.05
	Nursing & Midwifery-trained	0	2.88
	Nursing & Midwifery-untrained	0.9	6.26
	Sen Med Costs - Consultant	0	1.04
<b>Health Board Covid-19 Costs Total</b>		<b>0.9</b>	<b>47.2</b>
Information Governance	Admin Clerical	2	2
<b>Information Governance Total</b>		<b>2</b>	<b>2</b>
Information Technology Service	Admin Clerical	13	14.5
	General Service Staff	0	0.27
<b>Information Technology Service Total</b>		<b>13</b>	<b>14.77</b>
Transforming Clinical Services	Admin Clerical	12.5	12.41
<b>Transforming Clinical Services Total</b>		<b>12.5</b>	<b>12.41</b>
Waiting Times Initiative	Admin Clerical	0	0.22
	Agency Consultant Med Staff	0	3.01
	Sen Med Costs - Consultant	0	0.2
<b>Waiting Times Initiative Total</b>		<b>0</b>	<b>3.43</b>

NHS Orkney Workforce Plan 2022-2025

<b>Finance Directorate Total</b>			<b>72.97</b>	<b>135.27</b>	
Medical Directorate	Hospital Without Walls	Sen Med Costs - Non Consultant	0	1	
	<b>Hospital Without Walls Total</b>		<b>0</b>	<b>1</b>	
	Medical Directorate		Sen Med Costs - Consultant	0	0.05
			Sen Med Costs - Non Consultant	0	0.05
	<b>Medical Directorate Total</b>		<b>0</b>	<b>0.1</b>	
	Pharmacy Services		Admin Clerical	1.45	1.05
			Agency Other Therapeutic	0	0.74
			Pharmacists	11.75	11.81
Pharmacy Technicians			3	1.4	
<b>Pharmacy Services Total</b>		<b>16.2</b>	<b>15</b>		
<b>Medical Directorate Total</b>		<b>16.2</b>	<b>16.1</b>		
Nursing Directorate	Nursing and AHP	Admin Clerical	3.5	3.6	
		AHP Train/admin	0.4	0.6	
		Generic Therapists	0	0.18	
		Hospital Chaplains	0.5	0.5	
		Nursing & Midwifery-trained	7.5	7.25	
		Nursing & Midwifery-untrained	1	1	
		Physiotherapists	0	0.19	
<b>Nursing and AHP Total</b>		<b>12.9</b>	<b>13.32</b>		
<b>Nursing Directorate Total</b>		<b>12.9</b>	<b>13.32</b>		
Public Health Directorate	Health Improvement Services	Admin Clerical	1.75	2.01	
		Dieticians	0.16	0.21	
		Health Promotion Servs	4.75	5.28	
		Psychologists	0	1	
	<b>Health Improvement Services Total</b>		<b>6.66</b>	<b>8.5</b>	
	Public Health Services		Admin Clerical	2	1.99
Health Promotion Servs			0.5	0.48	
Nursing & Midwifery-trained			2.51	0.91	
<b>Public Health Services Total</b>		<b>5.01</b>	<b>3.38</b>		
<b>Public Health Directorate Total</b>		<b>11.67</b>	<b>11.88</b>		
<b>Grand Total</b>			<b>645.07</b>	<b>760.17</b>	

## Appendix 2: Overall summary of Workforce Gaps and Projections

The below tables are a collated list of each of the workforce gaps and projections tables included in section 3.1-3.11. The tables below include information on job family, role, band/grade, whole time equivalent and whether the role is either a “gap” vacant within current establishment or a “projection” not within current establishment. It must be noted that establishment is under review in many services.

### 12 months

Job Family	Role	Band/ Grade	Whole Time Equivalent	Gap or Projection
Medical & Dental	Senior Dental Officer(s) – Special Care, Orthodontics and Restorative Dentistry	Medical & Dental	TBC	TBC
Medical & Dental	Salaried Dental Officer – to deliver on COVID-19 backlog and access	Medical & Dental	TBC	TBC
Medical & Dental	Dental Officer	Medical & Dental	TBC	TBC
Medical & Dental	Consultant Physician	Medical & Dental	2 wte	Gap
Medical & Dental	Director of Medical Education	Medical & Dental	2 PA per week	Gap
Medical & Dental	GP with Special Interest in Dementia	Medical & Dental	2 PA per week	Gap
Medical & Dental	Infection, prevention and control Doctor – projected requirement	Medical & Dental	2 PA per week	Projection
Nursing & Midwifery	Director of Nursing (vacancy)	Band 9	1.0 wte	Gap
Nursing & Midwifery	Deputy Director of Nursing (vacancy)	Band 8b	1.0 wte	Gap
Nursing & Midwifery	Clinical Nurse Manager (Acute) (vacancy)	Band 8a	1.0 wte	Gap
Nursing & Midwifery	Clinical Nurse Manager (Community) (Vacancy wef Jan 23)	Band 8a	1.0 wte	Gap
Nursing & Midwifery	Registered Nurse – Emergency Department	Band 5	3.8 wte	Projection
Nursing & Midwifery	Healthcare Support Worker – Emergency Department	Band 3	3.4 wte	Projection
Nursing & Midwifery	Senior Charge Nurse ward (vacancy)	Band 7	1.2 wte	Gap
Nursing & Midwifery	Senior Staff Nurse - ward	Band 6	2.5 wte	Projection



NHS Orkney Workforce Plan 2022-2025

Nursing & Midwifery	Senior Staff Nurse - HDU	Band 6	2.5 wte	Projection
Nursing & Midwifery	Registered Nurse - ward	Band 5	1.07 wte	Projection
Nursing & Midwifery	Healthcare Support Worker - ward	Band 3	6.15 wte	Projection
Nursing & Midwifery	Healthcare Support Worker Macmillan (vacancy)	Band 3	0.8 wte	Gap
Nursing & Midwifery	Senior Staff Nurse Day Unit	Band 6	0.83 wte	Projection
Nursing & Midwifery	Registered Nurse Day Unit	Band 5	0.4 wte	Gap
Nursing & Midwifery	Healthcare Support Worker Day Unit	Band 3	4.9 wte	Projection
Nursing & Midwifery	Preassessment Nurse OPD	Band 6	1.2 wte	Projection
Nursing & Midwifery	Intravitreal Registered Nurse OPD	Band 6	0.53 wte	Projection
Nursing & Midwifery	Infusion Registered Nurse OPD	Band 5	1.2 wte	Projection
Nursing & Midwifery	Healthcare Support Worker (OPD) – phlebotomist	Band 3	1.37 wte	Projection
Nursing & Midwifery	Dialysis Nurse (possibility for development post)	Band 5/6	1.2 wte	Projection
Nursing & Midwifery	Dialysis Nurse	Band 6	0.2 wte	Gap
Nursing & Midwifery	Health Care Support Worker (dialysis)	Band 3	1.2 wte	Projection
Nursing & Midwifery	Senior Charge Nurse (vacancy) District Nursing	Band 7	0.6 wte	Gap
Nursing & Midwifery	District Nurse	Band 6	1.2 wte	Projection
Nursing & Midwifery	Community Staff Nurse	Band 5	TBC	Gap
Nursing & Midwifery	Healthcare Support Worker (community)	Band 4	1.2 wte	Projection
Nursing & Midwifery	Advanced Nurse Practitioner (gap in current establishment within Isles Network of Care)	Band 7	3 wte	Gap
Nursing & Midwifery	Senior Community Nurse (gap in current establishment within Isles Network of Care)	Band 6	0.8 wte	Gap

NHS Orkney Workforce Plan 2022-2025

Nursing & Midwifery	Community Nurse (gap in current establishment within Isles Network of Care)	Band 5	0.6 wte	Gap
Nursing & Midwifery	Vaccinations Nurse (awaiting approval as part of Primary Care Improvement Plan)	Band 6	0.08 wte	Projection
Nursing & Midwifery	Community Treatment and Care Nurse (funding approved as part of Primary Care Improvement Plan for 0.4 wte and awaiting approval for 0.6 wte)	Band 5	1 wte	Projection
Nursing & Midwifery	Community Treatment and Care Health Care Support Worker (funding approved as part of Primary Care Improvement Plan for 1.87 wte and awaiting approval for a further 1.5 wte)	Band 3	3.37 wte	Part Gap, part Projection
Nursing & Midwifery	Urgent Care Nurse Practitioner (awaiting approval as part of Primary Care Improvement Plan)	Band 7	2 wte	Projection
Nursing & Midwifery	Nurse specialised in Stoma care (skills gap recognised due to retirement of currently established skilled staff)	Band 5	TBC	Gap
Nursing & Midwifery	Midwife (readvertised gap in current establishment)	Band 5 or 6	2 wte	Gap
Nursing & Midwifery	Health Visitor (gap within current establishment)	Band 7	1.8 wte	Gap
Nursing & Midwifery	School Nurse (failure to recruit gap within current establishment)	Band 5 or 6	1 wte	Gap
Nursing & Midwifery	MH nurse (crisis intervention team)	Band 6	1.2 wte	Projection
Nursing & Midwifery	Infection, Prevention and Control nurse specialist (hard to fill)	Band 7	0.3 wte	Gap

NHS Orkney Workforce Plan 2022-2025

	gap within current establishment)			
Nursing & Midwifery	Infection, Prevention and Control Registered Nurse	Band 6	1.2 wte	Projection
Nursing & Midwifery	Health Care Support Worker (IP&C) (gap within current establishment)	Band 3	1 wte	Gap
Nursing & Midwifery	SCPHN – occupational health	Band 6/7	1.2 wte	Projection
Nursing & Midwifery	Clinical and Practice Education/Development Registered nurse	Band 6	1.2 wte	Projection
Nursing & Midwifery	Health Care Support Worker Band 2/3 review	Band 2 move to Band 3	TBC	Projection
Nursing & Midwifery	Clinical Quality Improvement Lead (possibility for this post to be a Nurse or AHP to support Clinical Governance team, see section 3.10)	Band 7	1 wte	Projection
Nursing & Midwifery	Advanced Nurse Practitioner (Hospital) OOH	Band 7	2.75 wte	Projection
AHP	Director of Allied Health Professions <sup>21</sup>	TBC	1.0 wte	Projection
AHP	Lead Allied Health Professional (Adults)	Band 8a	1.0 wte	Projection
AHP	Lead Allied Health Professional (Childrens)	Band 8a	0.5 wte	Projection
AHP	Advanced Respiratory Practitioner	Band 8A	1 wte	Projection
AHP	Associate Practitioner post (to support frailty service)	Band 4	1 wte	Gap
AHP	Acute services specialist physiotherapist	Band 6	0.4 wte	Gap
AHP	Community Occupational Therapist (funded and currently out to recruitment)	Band 6/G10	2 wte	Gap
AHP	Therapy Support Worker	Band 4	2 wte	Gap

<sup>21</sup> This post is under review and has not been agreed or evaluated

NHS Orkney Workforce Plan 2022-2025

AHP	Podiatrist (within current establishment)	Band 5	1 wte	Gap
AHP	Musculoskeletal Podiatrist (within current establishment)	Band 6	1.2 wte	Gap
AHP	Speech and Language Therapist Adult	Band 6	0.8 wte	Projection
AHP	Speech and Language Therapist Paediatric	Band 6	2.45 wte	Projection
AHP	Speech and Language Therapist Adult Learning Disabilities	Band 7	1 wte	Projection
AHP	Health Care Support Worker (Speech and Language Therapy)	Band 4	1 wte	Projection
AHP	Associate practitioner Neurology outpatient/community service	Band 4	0.5 wte	Projection
AHP	Associate practitioner acute services	Band 4	0.5 wte	Projection
Healthcare Sciences	Audiologist	Band 5 TBC	TBC	Gap
Healthcare Sciences	Laboratory Manager	Band 8b	1 wte	Gap
Healthcare Sciences	Biomedical Scientist - Haematology	Band 6	1 wte	Gap
Healthcare Sciences	Medical Laboratory Assistant	Band 3	1 wte	Gap
Medical Support	Senior Charge Nurse / ODP (unfilled vacancy)	Band 7	1 wte	Gap
Medical Support	Band 5 Registered Nurse/ODP (unfilled vacancies)	Band 5	2.6 wte	Gap
Medical Support	Anaesthetic Registered Nurse / ODP	Band 5	1 wte	Projection
Medical Support	Scrub Registered Nurse / ODP	Band 5	1 wte	Projection
Medical Support	Recovery Registered Nurse / ODP	Band 5	1 wte	Projection
Other Therapeutic	Applied Psychologist (to meet the Psychological Therapies Waiting Target by March 2023)	Band 8a	3 wte	Projection
Other Therapeutic	Applied Psychologists (to meet the gaps in services (0.5 wte Learning Difficulties, 0.5	Band 8a	3 wte	Projection

NHS Orkney Workforce Plan 2022-2025

	wte Perinatal and Maternity Mental Health Difficulties, 0.5 wte Health Psychology Difficulties, 0.5 wte Forensic Psychology, 0.5 wte Dementia, 0.5 wte Neuropsychology)			
Other Therapeutic	General Practice Clinical Pharmacist	Band 7	1 wte	Gap
Other Therapeutic	General Practice Pharmacy Support Worker	Band 3	1 wte	Gap
Other Therapeutic	Advanced Clinical Pharmacist Acute Services	Band 8a	1 wte	Gap
Other Therapeutic	Pharmacy Assistant Technical Officer	Band 2	0.6 wte	Gap
Personal and Social Care	Consultant in Public Health	Band 8d/ Consultant	1 wte	Gap
Personal and Social Care	Health Protection Nurse Specialist	Band 6	1 wte	Gap
Personal and Social Care	Health Improvement Specialist	Band 6	1 wte	Gap
Personal and Social Care	Health Improvement Officer	Band 5	1 wte	Gap
Support Services	Medical Physics Apprentice	Band 4	1 wte	Projection
Administrative	Junior Desktop Analyst	Band 2/3	2 wte	Projection
Administrative	Senior Desktop Engineer	Band 5	2 wte	Projection
Administrative	Infrastructure Engineer	Band 6	1 wte	Projection
Administrative	People Manager (gap within current establishment)	Band 7	1 wte	Gap
Administrative	Talent and Culture Manager (gap within current establishment)	Band 7	1 wte	Gap
Administrative	Procurement and Systems Administrative Officer (to support Pharmacy Department)	Band 3	0.5 – 1 wte	Projection
Administrative	Administrative Officer (Public Health Team)	Band 3	1 wte	Gap

NHS Orkney Workforce Plan 2022-2025

Administrative	Quality Improvement Facilitator	Band 6	1 wte	Projection
Administrative	Patient Experience and Quality Improvement Support Officer	Band 4	1 wte	Projection
Administrative	Project Support Officer	Band 4	2 wte	Projection
Administrative	Community Treatment and Care Administrator (part of the Primary Care Improvement Plan)	Band 4	1 wte	Projection
Administrative	Whole Primary Care Improvement Plan Service Administrator	Band 4	1 wte	Gap
OIC Social Care & Social Work	Care at Home Worker	Grade 5	28wte	Gap
OIC Social Care & Social Work	Social Care Assistant/Worker	Grade 4	7wte	Gap
OIC Social Care & Social Work	Social Worker Adult and Children & Families	Grade 10	10wte	Gap
OIC Social Care & Social Work	Service Manager	Grade 13	2wte	Gap
OIC Social Care & Social Work	Team Leader	Grade 11	3wte	Gap
OIC Social Care & Social Work	Head of Children, Families and Justice	CO Grade	1wte	Gap

**24 months**

<b>Job Family</b>	<b>Role</b>	<b>Band/ Grade</b>	<b>Whole Time Equivalent</b>	<b>Gap or Projection</b>
Medical & Dental	Clinical Director Community Further detail will be confirmed when review complete		4 PA per week	Gap
Nursing & Midwifery	Maternity Care Assistant	Band 4	TBC	Projection
Nursing & Midwifery	Perinatal and Infant Mental Health	TBC	TBC	Projection
Nursing & Midwifery	Bereavement Services (Maternity)	TBC	TBC	Projection

NHS Orkney Workforce Plan 2022-2025

Nursing & Midwifery	Health Visitor	Band 7	0.8 wte	Projection
Nursing & Midwifery	Senior Charge Nurse / Midwife - Time to Lead	Band 7	TBC	Projection
Nursing & Midwifery	ED Healthcare Support Worker	Band 4	TBC	Projection
Nursing & Midwifery	CNS – Macmillan (retirement)	Band 7	TBC	Projection
Nursing & Midwifery	Senior Staff Nurse - ward	Band 6	2.0 wte	Projection
Nursing & Midwifery	Senior Staff Nurse - HDU	Band 6	2.0 wte	Projection
Nursing & Midwifery	Advanced Nurse Practitioner (Hospital)	Band 7	2.75 wte	Projection
AHP	Physiotherapist (for pain management)	Band 6	TBC	Projection
AHP	Occupational Therapist (for pain management)	Band 6	TBC	Projection
AHP	Occupational Therapist for Primary Care	Band 7	1 wte	Projection
AHP	Occupational Therapist	Band 6	1 wte	Projection
AHP	Paediatric Occupational Therapist (to Support Neurodevelopmental Pathway)	TBC	TBC	Projection
AHP	Podiatrist	Band 6	1 wte (minimum)	Projection
AHP	Neurodevelopmental Pathway (Speech and language therapy)	TBC	TBC	Projection
Healthcare Sciences	Biomedical Scientist - Microbiology	Band 5/6	1 wte	Gap
Medical Support	Healthcare Support Worker	Band 4	2 wte	Projection
Other Therapeutic	General Practice Clinical Pharmacist Development Post	Band 6/7	1 wte	Gap
Support Services	Medical Physics Apprentice	Band 4	1 wte	Projection
Administrative	Digital Training Designer	Band 5	1 wte	Projection
Administrative	eHealth Services (within IT team)	Band 6	2 wte	Projection
Administrative	Administrator (within IT team)	Band 4	1 wte	Projection

NHS Orkney Workforce Plan 2022-2025

OIC Social Care & Social Work	Service Manager	Grade 13	1wte	Gap
-------------------------------	-----------------	----------	------	-----

**36 months**

Job Family	Role	Band/ Grade	Whole Time Equivalent	Gap or Projection
Nursing & Midwifery	Infection, Prevention and Control Nurse Manager (expected gap in current establishment due to retiral)	Band 8a	1 wte	Gap
Healthcare Sciences	Central Decontamination Unit Supervisor	Band 4	1 wte	Gap
Other Therapeutic	Specialist Clinical Pharmacist	Band 7	1-1.5 wte	Projection
Other Therapeutic	Advanced Clinical Pharmacy Technician	Band 4/5	1-1.5 wte	Projection
Other Therapeutic	Specialist Clinical Pharmacist Acute Services	Band 8a	1 wte	Projection
Other Therapeutic	General Practice Pharmacy Technician	Band 4/5	1 wte	Projection
Personal and Social Care	Immunisation/Screening Coordinator Support	TBC	TBC	TBC
Support Services	Medical Physics Apprentice	Band 4	1 wte	Projection
Administrative	Desktop/Junior Infrastructure Cyber Security/Medical Systems	Band 5	1 wte	Projection
OIC Social Care & Social Work	Potential recruitment of new hybrid posts for ferry linked Isles	TBC	TBC	TBC