WORKFORCE PLAN 2018 - 2021

1. Workforce Supply
2. Ageing Workforce
3. Supplementary Staffing
4. Transformational Roles
5. Employability and Role Development
6. Risks and Challenges
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Foreword

NHS Grampian remains in a period of significant change, with the continued emergence of the Scottish Government’s implementation of the Health and Social Care Delivery Plan in 2017\(^1\), and the publication of Delivering Health and Social Care to the North of Scotland\(^2\). These changes in regional working, service delivery and strategy, and the significant workforce challenges that health and social care face, continue to be the drivers for transformation. Change can only take place with our valuable professional workforce, to deliver our ambitions and to provide better care for patients and the public.

The Board will continue its transformation of service provision with an ongoing emphasis on regional working, to deliver services on behalf of the North of Scotland. There is ongoing collaboration alongside our Health and Social Care partners, to change the shape of services and the workforce, to ensure sustainable, high quality health care for an ageing population closer to their home.

2017 brought a review of workforce planning, with the introduction of the National Health and Social Care Workforce Plan\(^3\), which highlights the need for greater governance roles and responsibilities, increased and improved Data, Recruitment and Career Development. The Plan provides guidance for Boards to consider what skills, competencies and the blend of multidisciplinary team required to meet the challenges ahead, recognising the complexities of service provision and improving outcomes for patients.

It is recognised that our workforce will enable change and transform. In this context, this workforce plan has been developed to explore innovative ways to improve health care outcomes for patients and their families, using different models and approaches with the workforce at the heart of change.

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\(^2\) Delivering Health and Social Care to the North of Scotland 2018-21, October 2017. (Pauline update please as next version of Regional Delivery Plan is due 31/03/18)

Workforce – The Key Facts

1 All data detailed above is based on information as at 31 December 2017.

- The Average Age 43
- Annual turnover is 10.3%
- NHS Grampian financial savings of £18.3m in 2018/2019 and similar over next 3 years.
- Nursing and AHP vacancies have decreased. Consultant vacancies have increased, since 2017.
- Agency Locum Spend is £12.5m year to date.
- Transformation
  - 29 Physician Associates
  - 20 Clinical Development Fellows
  - 71 Advanced Nurse Practitioners
Our Workforce - Key Information

The dashboard below provides a summary of key workforce information, across NHS Grampian as at 31 December 2017.

Headcount and wte - substantive posts

![Chart showing workforce breakdown by category]

Female 83%  Male 17%

Headcount: 14,478  Whole Time Equivalent: 12,011.8

Whole Time 52%  Part Time 48%

Age profile

![Graph showing age profile]

<table>
<thead>
<tr>
<th>Category</th>
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<th>2017/18</th>
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<td>4.6</td>
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</tr>
<tr>
<td>Medical Agency Spend</td>
<td>18.9</td>
<td>15.7</td>
</tr>
</tbody>
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*Data as at 31st December 2017 or financial YTD (Year To Date). Workforce information throughout this document does not include Honorary Contracts or GP’s with leadership roles.*
Direction for 2018

Direction of Travel

The Board has highlighted a number of commitments throughout this plan, to implement national and local strategies and to support, develop and enable the workforce. NHS Grampian recognises that the workforce remains key to the delivery of these strategies.

NHS Grampian, as with other Boards across Scotland, is undergoing a period of significant change. ‘Once for Scotland’, the implementation of Regional working, Health and Social Care Integration and Shared Services means the way in which services have been delivered, will need to undertake significant change.

NHS Grampian recognises the existing and future workforce will need to be better aligned to deliver change. An integrated, seamless service is required between primary and secondary care to truly deliver a patient centred service.

NHS Grampian will continue to support this change; however, there will be significant challenges in doing so. There will be the complexities of emerging regional working, integrated services, workforce supply issues, an aging workforce and the financial constraints in which NHS Grampian is required to operate.

The actions and commitments highlighted throughout this plan are expected to support the changes required, develop the workforce and mitigate the risks and challenges faced in 2018/2019 and beyond.
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Introduction

This plan, for NHS Grampian, describes the future workforce required to ensure delivery of quality services within the agreed values of Caring, Listening and Improving.

1.2 Purpose of the plan

The aims of this plan are to describe:

- the overall direction of travel for the workforce;
- the context and drivers for change;
- the type and level of changes required;
- the new roles and skills requiring investment;
- the new ways of working with our colleagues and partners;
- the workforce risks; and
- key actions to implement change.

1.3 Scope of the plan

NHS Grampian provides clinical, corporate and support services for the people of Grampian and through Service Level Agreements (SLA), for other NHS Boards, including ‘NHS Orkney’, ‘NHS Shetland’, ‘NHS Western Isles’ and ‘NHS Tayside’. These arrangements are included within the Board and Sector Workforce Plans to ensure comprehensive planning across the organisation.

The Health and Social Care Partnerships (HSCPs) in Aberdeen City, Aberdeenshire and Moray assumed responsibility for strategic commissioning and delivery of a number of services on 1 April 2016. NHS staff, who work in the Health and Social Care Partnerships, remain NHS Grampian employees, and therefore, are included in this plan, ensuring that workforce issues and information are included for the entire NHS Grampian workforce.

During 2017, there has been the publication of Delivering Health and Social Care to the North of Scotland. This describes a continued commitment to working as a North region, working collaboratively with our partner Boards, to ensure that people living within the region have equitable access to high quality, safe and effective care and treatment.

All staff referenced within this plan are covered under the following national staff groups:

- Administrative Services
- Allied Health Professional
- Dental Support
- Healthcare Sciences

5 Delivering Health and Social Care to the North of Scotland 2018-21, October 2017
• Medical and Dental
• Medical Support, which includes Operating Department Practitioners and Assistants, Physician’s Assistants and Theatre Services
• Nursing and Midwifery
• Other Therapeutic, which includes Psychology, Genetic Counselling, Optometry, Pharmacy and Play Specialists
• Personal and Social Care, which includes Social Work Services, Hospital Chaplaincy, and Health Promotion Services.
• Support Services, which includes Catering and Domestic Services, Estates, Ground Services, Portering Services, Transport and Stores Services.

1.4 Ownership of the plan

This plan has been informed by local Workforce Plans, developed in partnership, within each Sector, Health and Social Care Partnerships⁶ and the North of Scotland⁷, NHS Boards⁸. These provide a more detailed approach to workforce issues, the overall direction of travel, challenges and risks for each area.

NHS Grampian works closely with other NHS Boards in the North of Scotland, through regional working, SLA arrangements and managed clinical networks. NHS Grampian is fully engaged with other partner organisations, such as the University of Aberdeen, Robert Gordon University, North East of Scotland College (NESCOL), Moray College, and the three local authorities in Aberdeen City, Aberdeenshire and Moray.

National and Local Strategy

2.1 Health and Social Care Delivery Plan

The Health and Social Care Delivery Plan⁹, published in December 2016, sets out the key aims and actions for the NHS, including Health and Social Care Integration, Public Health, and Board reform. The aims of the Delivery Plan are to further enhance health and social care services, so the people of Scotland can live longer, healthier lives at home or in a homely setting, supported by an effective health and social care system.

Through implementation of the local Clinical Strategy and regionally, through the development of the Regional Delivery Plan, NHS Grampian is working towards the aims of the Health and Social Care Delivery Plan ensuring that health and care are integrated, are of a high quality, developed innovatively, and with individuals the at the centre.

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⁶ Health and Social Care Partnerships (HSCP) are the organisations and the Integrated Joint Boards (IJBs) are the Boards that oversee the strategic direction and governance of these partnerships.
⁷ North of Scotland, Regional Workforce Plan, March 2018
⁸ Delivering Health and Social Care to the North of Scotland, 2018-21, October 2017
The Regional Delivery Plan\textsuperscript{10} sets out the key vision for the North of Scotland until 2025, including the provision of world class quality care and treatment to patients; to increase partnership working; for clinical services to operate as a single system; to provide an innovative approach to workforce development and improve access for patients to services through the use of technology.

\textbf{Our Commitment 2018/19}

NHS Grampian will continue to develop and focus on the Health and Social Care Delivery Plan and the continued development of Regional Workforce Plan.

As described in the Regional Workforce Plan NHS Grampian will focus on the development of regional working, operating as a single system to ensure that patients receive innovative, high quality care across the North of Scotland.

\textbf{2.2 National Health and Social Care Workforce Plan}

The Health and Social Care Delivery Plan signalled the need for a National Workforce Plan, which has been published in three parts. Part 1 was published in June 2017\textsuperscript{11} and focuses on NHS Scotland workforce planning. Part 2 was published in December 2017, with Part 3 in April 2018, following the conclusion of the General Medical Services contract negotiations in February 2018. An integrated Plan will be published during 2018.

\textbf{Our Commitment 2018/19}

NHS Grampian will continue to collaborate with partners in relation to the National Health and Social Care Workforce Plan. Work will continue to ensure there is integrated workforce data where possible. Support and Workforce planning tools will continue to be implemented and training offered to all Health and Social Care partners in the development of their future Workforce Plans.

\textsuperscript{10} Delivering Health and Social Care to the North of Scotland 2018-21, October 2017. (update)

2.3 Workforce 2020 Vision

The 2020 Workforce Vision, developed in 2012, envisioned that by 2020 NHS Grampian would:

Our Commitment 2018/19

“...employ a leaner, more flexible, multi-skilled, workforce, who will enable and empower people to take responsibility for their own health, the workforce will be organised in an integrated way, focussing on the needs of the individual rather than the desires of the professional. Whilst managing growth and demand, healthcare professionals will be more accessible to the public and to each other. There will be a sense of responsibility across the organisation that will focus on:

Enablement, anticipation and rehabilitation;
Safety and Quality; and
to those who need it most.

The Board has recognised that this vision needs to be refreshed and may consider using Regional Workforce Plans for the North to deliver this outcome. 12

2.4 Shared Services

NHS Grampian continues to drive the shared services agenda by working across Scotland and the North region. We fully recognise that a shared approach to services across the North will be key to sustainability, particularly in relation to corporate services, and we are working with partners to establish a regional workforce service for the North by December 2019.

As part of this regional approach, NHS Grampian will be responsible for the implementation of the Lead Employer model for Doctors and Dentist in Training, for the North Boards from 1st August 2018. NHS Grampian has been at the forefront of this national initiative as one of the early implementers for GP Trainees, with NHS Education for Scotland, during 2017.

NHS Grampian will be the Lead Employer for the North of Scotland, with the remaining North of Scotland Boards being Placement Boards. There will be four Lead Employers across NHS Scotland; one from each region with NHS Education for Scotland responsible for GP trainees and some national programmes.

12 North of Scotland, Regional Workforce Plan, March 2018
NHS Grampian is also working with the North partner Boards to facilitate the concept of single system working across the North of Scotland. The aim is to enable staff to work anywhere across the North region, working flexibly, with access to the systems and services required to undertake regional working.

Nationally, recruitment shared services have developed a proposed model which will be implemented in each region during 2018, with an aim to have established regional approaches to recruitment by April 2019. North partners will work to deliver this together.

NHS Grampian continues to provide payroll services for NHS Shetland, NHS Orkney and has been working in collaboration with colleagues from NHS Tayside, to deliver Payroll, Car Leasing, Expenses and Scottish Standard Time System (SSTS) services. NHS Highland has also begun to participate in this collaboration and over the next year, the service will be established as a regional service. This regional approach is part of a wider pan-Scotland aim to deliver consistent, standardised payroll services across Scotland, within a regional consortium.

NHS Grampian and NHS Orkney continue working as an integrated Workforce service, with a shared Director of Workforce. Integrated within the service are Recruitment, Payroll, Operational HR, Occupational Health Services and some elements of Workforce and Development. The initiative to deliver a North Workforce service will build on the learning from this innovative work.

The North Workforce Service will involve all aspects of the wider workforce services, overseen by a Programme Board. In addition to the services identified above, operational HR, Workforce Planning, Organisational Development, Learning and Development, Occupational Health and Health and Safety, Job Evaluation, eESS are all included within the Programme Plan, together with the aim to establish a regional Partnership Forum.

NHS Grampian and NHS Shetland continue to collaborate in relation to Public Health Services, with the Director of Public Health for NHS Grampian taking responsibility for NHS Shetland. This presents an opportunity to identify Public Health shared services across the Boards and further connect acute care pathways which impact on Island patients.

Within Estates and Facilities, NHS Grampian continues to work with North partners to share services and seek efficiencies.

NHS Grampian will continue to drive the shared services agenda through joint regional working, integration of services and resources and working collaboratively with our partner Boards across the North.
2.5 GMS Contract

The General Medical Services Contract\textsuperscript{13} which was published in November 2017, brings changes to Primary Care and General Practice, the Boards and Health and Social Care Partnerships. The Primary Care contact focuses on the role of a GP as an expert medical generalist with expertise in holistic, person-centred care. This will mean that, some tasks carried out by GPs will need to be carried out by, the wider primary care multi-disciplinary team.

The GP workload will consequently reduce, allowing GPs to focus on the most complex of patients with co-morbidities. There will be new opportunities for practice staff such as nurses, receptionists and practice managers. Some Nurses will be expert nursing generalists, providing acute disease management, and supporting patients to manage their own conditions at home, where possible.

In a parallel change, the Primary Care workforce will see a significant change and there will be implications for NHS Grampian and the Health and Social Care Partnerships. There will be the development of Pharmacotherapy Services, which will increase the number of Pharmacists and Pharmacy Technicians working within GP Practices, over a 3 year period. This will require workforce planning, to ensure the supply and development of this staff group over the next 3 years.

There will be a further expansion of Community Treatment and Care Services and development of vaccination programmes, which will be the responsibility of Health and Social Care Partnerships. The delivery of Physiotherapy services will be focussed on musculoskeletal conditions. Collaborative working will be essential to meet the requirements of the Contract through well-functioning primary and secondary care interface groups. These

\textsuperscript{13} The General Medical Services Contract, Scottish Government, November 2017.
groups will support NHS Boards and Health and Social Care Partnerships, to reduce GP workload and provide a better patient experience.

NHS Boards will provide line management of much of the primary care multi-disciplinary team, as an employing board. This will include employee support, training, cross cover and cover for absences. This will need to be managed and planned for during the 3 year transition period.

**Our Commitment 2018/19**

NHS Grampian will work collaboratively with Primary Care and Health and Social Care Partnerships to understand and deliver the implications of the Contract for the Board and the workforce. Development of Pharmacotherapy Services other service requirements of the Contract, will bring challenges due to workforce supply of these staff groups. An implementation plan for delivery of this work is currently being undertaken which will be submitted to the Scottish Government in June 2018.

**Risks and Challenges**

3.1 **Finance**

To achieve financial balance, NHS Grampian estimates a requirement to make savings of £18.3 million in the 2018/2019 financial year, with a similar level of savings required over each of the next 3 years.

**Our Commitment 2018/19**

NHS Grampian will ensure that joint working, using the ‘Once for Scotland’ or ‘Once for North’ approaches continue. Regional working will continue to ensure that the workforce is utilised optimally. All staffing costs will continue to be scrutinised, with the redesign of services and the introduction of transformational roles across the organisation.

There will be engagement with services in innovative change to ensure an ongoing reduction in supplementary staffing in relation to demand and capacity, skill mix, development opportunities and support across the workforce.
3.2 Supplementary Staffing

NHS Grampian’s expenditure on Agency Medical Locums, Agency Nursing and Nursing Bank for the 2017/2018 financial year was £37.2m, compared with £40.3m, in April 2016 to March 2017. The figures as at 31 March 2018 are:

Agency medical locums £15.7m;
Agency nursing £4.6m; and
Bank nursing £16.9m.

There continues, to be significant Medical Agency Locum spend across NHS Grampian, with services highlighting the requirement for a robust middle grade workforce to avoid locum costs. With the continued development of the Clinical Development Fellow (CDF) workforce, alongside robust management and scrutiny processes, there has been a reduction in spend which is expected to continue throughout 2018/2019.

Across the North region, NHS Grampian and NHS Highland continue to have the highest Medical Agency Locum spend. Work will be ongoing; using a regional approach to ensure there is ongoing sustainability and scrutiny processes, to create resilient secondary care services.

Nursing and Midwifery Bank spend has reduced by 4%, as at 31 January 2018, compared with the same period last year.

There will be continued scrutiny of the appropriate use of bank and agency staff and use of overtime and additional hours, as highlighted within the NHS Grampian Nurse Bank Review14.

NHS Grampian is actively progressing initiatives, both locally and regionally to ensure better workforce supply and the creation of a more resilient workforce. There will continue to be a focus on the transformational workforce such as Clinical Development Fellows, Physician Associates, and Advanced Practitioners.

There is a need for better utilisation of the workforce, with the introduction of a clinical resource hub to help develop effective rotas and reduce the need for the current levels of staffing.

3.3. Medical Workforce

NHS Grampian continues to experience challenges in the supply of the medical workforce which necessitates the need for change and further development of transformational roles.

14 NHS Grampian Nurse Bank Review, Annual Report, October 2017
Consultant vacancies continue to present significant challenges across the North of Scotland, with vacancies having increased from 5.2% to 7.2% of establishment in the last five years. Specialties with the highest vacancies within mainland Boards, are comparable to those in 2004, which continue to include, clinical radiology, general surgery, general psychiatry and old age psychiatry. The supply of Doctors in Training across the North of Scotland continues to be challenging with gaps across all specialties across the North which remains a continued challenge since 2004. These enduring issues highlight the need for change to ensure a resilient workforce within NHS Grampian and the North of Scotland.

Our Commitment 2018/19

NHS Grampian will continue to scrutinise the use of supplementary staffing and work regionally and locally to redesign services that are sustainable and resilient.

NHS Grampian will continue development of transformational roles and better utilisation of the workforce in 2018/2019.

NHS Grampian will continue to work with partner Boards across the North of Scotland to address challenges in the supply of the medical workforce for consultants and Doctors in Training.

15 North of Scotland Regional Workforce Plan, March 2018
16 North of Scotland Regional Workforce Plan, March 2018
3.4 Doctors in Training

Resilience of the workforce supply of Doctors in Training, particularly in Speciality Training, continues as a common theme across NHS Scotland, including Grampian. There are gaps in some speciality rotas, with challenges in meeting the Working Time Regulations\textsuperscript{17} and New Deal compliance. This can have a direct impact on the training experience service provision.

Across NHS Grampian, there is an ongoing review of Doctors in Training rotas and further development of a multi-disciplinary team approach. The development of Clinical Development Fellows, Physician Associates, Advanced Nurse Practitioners, Advanced Allied Health Professions and Medical Support Nurses will support this approach. There will be an emphasis on making NHS Grampian the training destination of choice for Doctors in Training.

\begin{tcolorbox}[title=Our Commitment 2018/19]
NHS Grampian continues to embed the Physician Associate and Clinical Development Fellow roles. There has been an expansion on the Physician Associate programme to Primary Care with an updated intern programme to cover Secondary and Primary Care which will continue in 2018/2019.

The Clinical Development Fellow (CDFs) workforce continues to expand, with 20 currently employed. A high proportion of CDFs have continued to work for NHS Grampian after their year in these posts.
\end{tcolorbox}

\textsuperscript{17} The Working Time Regulations (1998)
3.5 Improving Junior Doctors Working Lives

NHS Grampian continues to work as an early implementer Board in relation to Doctors and Dentists in Training (DDiT) shared services project. This project is to improve the lives of junior doctors, through continuity of employment and minimisation of unnecessary bureaucracy. NHS Grampian continues to work collaboratively with NHS Education for Scotland (NES), to test the lead employer model for DDITs. From August 2018, NHS Grampian will be the lead employer, for this staff group, for the North of Scotland.

NHS Grampian continues to work collaboratively with NES on specific digital projects which are intended to hold DDITs information in one place; this will reduce the duplication of information for trainees during different stages of training. This will include Occupational Health Information, References, Protecting Vulnerable Group (PVG) checks and General Medical Council (GMC) registration. It is planned that trainee information should only be entered once into the system, saving trainees’ time when rotating during their employment.

By 2019, NHS Scotland will require that all doctors working on a full shift roster, achieve 46 hours continuous rest, after a weekend on-call. NHS Grampian has already achieved this for doctors in Grampian, but will work with partners in placement Boards to ensure this is achieved across the North.

Our Commitment 2018/19

NHS Grampian is committed to improving the working lives of Doctors and Dentists in Training. Collaboration will continue with NHS Education for Scotland to ensure that trainees have a good employment and training experience whilst working for NHS Grampian and across the North of Scotland.
3.6 Collaboration with NHS Education for Scotland

NHS Grampian is working collaboratively with NHS Education for Scotland (NES) on a number of initiatives to improve communication and information sharing. This includes sharing NHS Grampian eLearning content, through a user friendly front end system, ‘TURAS Learn’, and has direct involvement with the development of TURAS People\(^\text{18}\). NHS Grampian is also working with NES to improve the attractiveness of General Practice Training Programmes across the North of Scotland and development work with TURAS people.

Our Commitment 2018/19

NHS Grampian will continue to work collaboratively with NHS Education for Scotland on a range of initiatives and will continue to work on improved information sharing. This will include moving to Turas Learn by Autumn 2018.

NHS Grampian will work alongside NES to improve trainee experiences and increase the attractiveness of NHS Grampian as a great place to live and work.

3.7 Brexit

NHS Grampian has a significant number of employees from other European Union (EU) countries out with the United Kingdom. The decision that the United Kingdom will leave the EU in March 2019, continues to create uncertainty over the status of EU workers employed in the UK and may create a significant risk for some services in NHS Grampian. The Scottish Government have recognised the commitment of EU workers, particularly within the NHS, but immigration is not a devolved matter and the impact will not be clear until the UK Government and the EU have concluded Brexit negotiations. Work will be progressed in NHS Grampian to determine what these risks might be which is still to be fully determined.

NHS Grampian will ensure that workforce planning for the implications of Brexit continues to be progressed and will seek to influence thinking with the Scottish and UK Governments to ensure retention of our staff.

Our Commitment 2018/19

NHS Grampian will continue to undertake workforce planning in relation to Brexit and the implications of this for the organisation. Where possible, actions will be undertaken to minimise uncertainty across the workforce.

\(^{18}\) Turas People, NHS Education for Scotland April 2018, is an electronic system for the on boarding of Trainees across NHS Scotland.
3.8 Job Planning

NHS Grampian requires all Consultants and Specialty Doctors to have an agreed job plan. Job planning is a key mechanism through which responsibilities and objectives are agreed, monitored and delivered. Consultants are required to identify adequate time within the job plan for teaching and training, which is an important commitment for a teaching Board, and has a major impact on the training experiences for Doctors in Training and the attractiveness of the Board as an employer.

NHS Grampian has published refreshed job planning guidance which supports the requirements of the Directors Letter (2016) 14 in relation to Consultant Job Planning. The guidance includes the link between Job Plans with Service Plans to ensure improved service delivery, supported by inclusive processes, with meaningful consultant engagement throughout the year.

Alongside the refreshed job planning guidance, an electronic job planning system has been procured to ensure that job planning can be undertaken with ease, is more accurate and can be reported at each step of the process. In the coming months, an implementation plan will be developed. It is hoped the system will be fully operational for the commencement of the 2019/2020 job planning cycle.

Our Commitment 2018/19

NHS Grampian is committed to improving the quality of job planning across the organisation.

NHS Grampian will work towards a fully implemented system for commencement of the 2019/2020 job planning cycle.

3.9 Age Profile

The age profile of NHS Grampian highlights a risk to the sustainability of the workforce, particularly in light of changes to pension age. To ensure a sustainable workforce, NHS Grampian must support employees to work for longer, particularly in professions such as Nursing and Midwifery and Medicine, where historically, some staff could retire at age 55, without loss of pension benefits.

NHS Grampian will continue to work on age profile modelling, supporting services to develop sustainable models of care, including reviewing working patterns to take account of the impact of an ageing workforce on the pattern of delivery of care. Work will be ongoing to understand the overall workforce who may work for longer and identify how NHS Grampian can retain the skills and experience of the older workforce, whilst providing safe and manageable roles.

4.1 Physician Associates

The Physician Associates (PA) workforce continues to grow and has extended to more specialties across NHS Grampian, with 31.0 wte (including interns) working across Secondary and Primary Care.

NHS Grampian proposes to introduce a refreshed PA internship programme for 2018, where a small number of interns will have the opportunity to work in the Emergency Department for 6 months, followed by 6 months in a General Practice. Once this internship year is complete, an offer of a post within Primary Care may be made available, expanding the opportunities of Physician Associates in Primary Care.

The Physician Associate role continues to be recognised as having the potential to provide support alongside Doctors in Training and ensure continued support for the medical workforce and wider multidisciplinary teams.

4.2 Clinical Development Fellows

There has been further expansion of the Clinical Development Fellow (CDF) workforce which assists with the ongoing risks associated with unfilled training posts or Doctors in Training. This workforce continues to improve the resilience of Doctors in Training rotas; to ensure high quality training; and support the recruitment and retention.
The work undertaken by Clinical Development Fellows has been of a very high standard, with development time being planned flexibly within rotas to ensure time is protected. The majority of the CDFs, have taken on responsibility for education for undergraduate or postgraduate doctors. They have also been involved in a range of other development work including: research, audit, rotas and service improvement.

In 2017/2018, NHS Grampian successfully recruited 20 Clinical Development Fellows who commenced employment in August 2017. Feedback provided by Clinical Development Fellows in relation to their experience has been positive. It has been agreed to recruit a further cohort of Clinical Development Fellows in 2018/2019.

### Our Commitment 2018/19

NHS Grampian will continue to develop the Clinical Development Fellow workforce. The continued expansion of this workforce will assist with rota gaps, ensure a more resilient medical workforce and assist with ongoing workforce supply issues.

### 4.3 Advanced Clinical Practice

Continuing medical workforce supply challenges across NHS Grampian, have contributed to the increased utilisation of Advanced Clinical Practitioner (ACP) roles which can both complement and substitute for aspects of traditional medical healthcare delivery.

Over the next five years, NHS Grampian will aim to further develop and maximise all ACPs contribution to healthcare delivery, based on service needs. Advanced Nurse Practitioner roles remain a major focus, with dedicated Scottish Government educational funding support for role development, particularly across Primary Care. The local and regional arms of the new Advanced Care Academy, working in partnership with Higher Education Institutes, will continue to support both practitioner development and role evolution to meet the ever changing healthcare requirements for the people of Grampian.

### Our Commitment 2018/19

NHS Grampian will further develop Advanced Clinical Practitioner roles to increase optimal access to healthcare services, and develop the existing workforce to increase collaborative multi-disciplinary working.

### 4.4 Health Care Support Workers

As part of a ‘Widening Access’ project funded by the Scottish Government NHS Grampian has been working in partnership with North East Scotland College (NESC0l) and the Open University (OU), to support 24 Health Care Support Workers (HCSWs) to gain a numeracy qualification and to undertake an OU module in Health and Social Care. The focus of this
project is to provide HCSWs, with the opportunity to develop study skills and gain qualifications that will support them to develop in their careers or to progress to higher education.

NHS Grampian continues to work in partnership with Moray College, NESCot and Robert Gordon University to provide HCSWs with a route to become Registered Nurses. This is via the HNC Care and Administrative Practice Programme. In 2017, 5 HCSWs were successful in gaining a place on the OU Degree Programme for Nursing and will be supported to remain in employment whilst studying part time for the degree.

NHS Grampian has piloted a new band 4 educator role for HCSWs. These Associate Practice Educators support the education and development of HCSWs within clinical areas. This initiative was designed to help support the development and retention of the HCSW workforce.

Our Commitment 2018/19

NHS Grampian will continue to focus on strengthening pathways into healthcare support worker roles and progression routes to nursing through collaborative working with higher and further educational providers. This will develop the existing workforce and assist with continued workforce supply issues for Registered Nurses in the future.

4.5 Apprenticeship Programme

NHS Grampian continues to offer Apprenticeships; modern; foundation and graduate, with plans to continue these Programmes in 2018/2019. These programmes are being utilised within NHS Grampian to recruit and support the workforce, in line with a national drive to develop apprenticeships across NHS in Scotland.

It has been recognised, that the expansion of the modern apprentice workforce is required to balance an ageing workforce and to ensure that appropriate succession planning is being considered across NHS Grampian. There will be a continued expansion of these programmes in the future, both locally and regionally.

4.6 Wider Development Programmes

NHS Grampian continues to provide wider development opportunities for all staff groups and continues to invest in the development of people. Learning, support and coaching is available, across the organisation, which includes a mentoring scheme. Talent management and leadership development programmes continue to run with increased attendance,
alongside the North East Learning Collaborative which continues to design and deliver training and development for all staff across partner organisations.

4.7 Making Transformation Happen

During 2018/2019 and beyond, NHS Grampian will continue to identify opportunities to expand the areas in which transformational roles are utilised; such as Advanced Clinical Practitioners, Physician Associates and specialised Health Care Support Worker roles. This will continue to be delivered through a collaborative approach with NHS Education Scotland, North East of Scotland College, the University of Aberdeen and Robert Gordon University, as well as regional and national colleagues.

Collaborative working will continue between teams, divisions and directorates within NHS Grampian and Health and Social Care Partnerships, to support services across boundaries. NHS Grampian will continue to extend this, building on existing relationships with other NHS Boards, as a North region and partner organisation.

Working regionally will bring transformational change with partners across the North, building on current managed clinical networks. The development of regional solutions to service sustainability will be a feature of the NHS in the North for the future. The Regional Workforce Planning Network has worked collaboratively for some time, but the continued emergence of regional corporate services and stronger clinical links, will see the requirement for regional plans to be implemented. Shared services will be delivered on a regional and a national basis and lead the development of regional corporate services, rather than Board specific services. NHS Grampian will seek to lead the delivery of a regional workforce service.

NHS Grampian will reflect upon the Health and Social Care Delivery Plan, Regional Delivery Plan, Regional Workforce Plan, National Clinical Strategy and Grampian Clinical Services Strategy, working with stakeholders locally, regionally and nationally to identify and achieve the service and workforce developments required.

There will be the continued support in relation to the engagement of staff through effective partnership working and upholding the Staff Governance Standard. NHS Grampian will continue to measure the experiences of staff through the use of local and national tools, such as iMatter, to support and empower teams and improve their experiences at work.

**Our Commitment 2018/19**

NHS Grampian will continue to work collaboratively with our partners regionally, to build on existing relationships and to ensure a sustainable and resilient workforce.

NHS Grampian will continue to engage with staff through partnership working, to help deliver the key priorities nationally, regionally and locally and to support and empower staff to make transformational change.
Employability and Role Development

5.1 Workforce Supply

NHS Grampian continues to undertake recruitment initiatives, including the implementation of the Return to Practice Programme. This programme, will enable individuals to return to various specialties within Nursing and Midwifery.

In 2017, NHS Grampian continued to recruit to our two year Graduate Nursing Programme, which was successful in recruiting 122 graduate nurses. Planning is underway for 2018, which will allow a fast track one application process.

There remain supply challenges in relation to the medical workforce, therefore national and international recruitment campaigns have been undertaken to recruit General Adult Psychiatrists, Vascular Surgeons and Consultant Radiologists.

The transformational workforce continues to expand, development of Clinical Development Fellows (CDFs) and Physician Associates (PAs) will continue to bolster and support the Medical Workforce in relation to the continued workforce supply challenges.

There is continued attendance at various careers fairs. At a recent Skills4Nurses event, as part of the North Region, NHS Grampian was successful in attracting 60 Nurses to the area. In 2018, NHS Grampian will also be in attendance again, at the BMJ careers fair in London, to attract Doctors to live and work in Grampian.

During 2017, NHS Grampian participated in an international recruitment processes in Australia which was successful with repatriating UK Nurses and Midwives. In 2018/2019 there is approval to expand upon this work on behalf of NHS Scotland.

The specific proposal is that for the July 2019 university graduates, Western Australia will offer an option of a 2 year Graduate Programme, for 30 candidates. There is a possibility for this to continue for at least the next five years.

The first year of the programme will be undertaken in Western Australia, the second year in NHS Scotland. It will be badged as “Perth to Perth”.

The 2 year programme will allow Western Australia to offer more Graduate Programme places for graduates, which will reduce their shortfall of employment opportunities and could provide a continual supply of nurses to Scotland for next 5 years and possibly beyond.
A range of employability initiatives are currently being developed and expanded in relation to encouraging more young people to work for NHS Grampian as a future career pathway. Initiatives include:

- Working alongside nursery and primary schools to begin ‘sowing the seeds’ and getting children to think about careers in Health & Social Care from an early age;
- Working with secondary school pupils to promote work experience and work placements, CV Preparation and Mock Interviews;
- Developing a work experience programme for school guidance staff so that they have a greater knowledge in guiding pupils;
- Looking at how we can develop appropriate pathways and opportunities for ‘children in care and deprived areas’;
- Working with The Robert Gordon University, University of Aberdeen, North East Scotland College and the University of the Highlands and Islands in relation to developing a robust and formal ‘pathway into healthcare’;
- Engaging with both ‘Developing the Young Workforce’ groups for Moray, Aberdeen City and Aberdeenshire; and
- Continuing to develop the range of Foundation and Modern Apprenticeship Programmes within the organisation.

NHS Grampian continues to work collaboratively with the Prince’s Trust with the aim of introducing a six week training programme ‘Get into Healthcare’ at Aberdeen Royal Infirmary. There will be a number of placements available during October 2018, in line with a forthcoming NHS Scotland initiative to promote the NHS as an ‘employer of choice’.

NHS Grampian will continue recruitment initiatives to address workforce supply challenges nationally and internationally. There will be the continued development of new roles such as Clinical Development Fellows (CDFs) and Physician Associates (PAs). There will continue to be development opportunities across the organisation to assist with recruitment and retention of the workforce.

5.2 Recruitment 2020

During 2018, NHS Grampian will refresh the Recruitment Strategy 2020 and new recruitment priorities will be identified with key stakeholder involvement. In light of the continuing workforce supply challenges, work streams under Recruitment 2020 will continue to be a priority with attendance at medical and non medical recruitment events. NHS Grampian will continue to work with Nursing and Midwifery, Allied Health Professions, Medical Staff and Senior Managers to progress a number of initiatives to attract staff to Grampian such as attendance at school careers events, work with the University of Aberdeen and Robert Gordon University, NESCOL, Moray College and the University of Highlands and Islands.
5.3 The Use of Social Media

NHS Grampian continues to manage a number of initiatives in relation to social media and websites to address and improve workforce supply.

NHS Grampian continues to support the Facebook page and GP Jobs Grampian\(^{20}\) to promote Grampian as a place to live and work and to advertise vacancies. It also shares stories from existing Medical Staff in Primary Care and their experience of living and working in Grampian. NHS Grampian has actively used social media, including Facebook and LinkedIn to support recruitment for large scale campaigns or specific specialist roles.

As of March 2018, there are 778 likes and 790 followers of the Facebook page. On average, each update posted to the Facebook, reaches over 20,000 individuals with the potential for onward sharing of the information or vacancy.

NHS Grampian continues to expand our social media presence as a way to attract people to live and work in Grampian. Vacancies continue to be highlighted on Facebook, Twitter and LinkedIn. Promotion of these sites and the use of social media is highlighted to appointing managers to maximise advertising opportunities across colleague networks. This awareness and promotion will continue to expand in 2018 and beyond.

5.4 Medical Education

NHS Grampian is working to continually improve the training experience and quality of educational delivery for Doctors in Training across NHS Grampian, recognising that, reputation and attractiveness as an employer will be enhanced by positive experiences and feedback from trainees.

\(^{20}\) Facebook/gp jobs GRAMPIAN
NHS Grampian continues to demonstrate year on year improvement, in the feedback collected by NHS Education for Scotland (NES) and the General Medical Council (GMC), from Doctors and Dentists in Training about their experience of training and education, within the Board. Seven departments were commended by NES for the high ratings given by their trainees in 2017/2018.

NHS Grampian ensures, through monitoring and feedback, that there is a high level of awareness of departments which require additional support. Action plans for improvement are scrutinised at various levels and strategies in place to follow up any identified issues.

**Our Commitment 2018/19**

NHS Grampian is committed to continually improving and supporting medical education and training experiences of Doctors and Dentists in Training.

Monitoring and support will continue, alongside action plans for improvement.

### 5.5 Workforce Utilisation

NHS Grampian is continually making improvements to rostering practice across the organisation to ensure we have the right staff, in the right place, at the right time. In November 2017, NHS Grampian procured an electronic rostering (eRostering) system.

The system will provide an eRostering access for all staff employed by NHS Grampian, phase 1 of the rollout will be with the Nursing and Midwifery workforce. The main objective of this work is to improve the quality of care, provided through the effective and fair utilisation of staff.

The system will provide improved deployment of staff, to ensure there is effective use of the available workforce and time to provide high quality patient care. It will ensure there are, transparent and auditable processes and will assist with the production of sustainable rosters.

NHS Grampian will use a centralised approach to the design of rosters. This will include, the establishment of a clinical resource hub, integrating rostering support and staff bank allocation. The clinical resource hub, will ensure quality and the consistency of rosters produced, therefore, all staff will be treated fairly, objectively and protected from inappropriate shift patterns.

The roll out of the eRostering system will commence during Summer 2018, with a completion date of 2022 for Phase 1.
In 2016, NHS Grampian commissioned a project team to progress the required service improvements, resulting from the external Nurse Bank Review. The project team has worked with service users, through the nurse bank project group, to produce a project improvement delivery plan based on the recommendations made by the external review. This work has taken into account local and national guidance and benchmarking.

The improvement plan identified five key requirements that will improve clinical, financial and staff governance, through delivering a greater level of standardisation, consistency and control. These five priority areas continue to be progressed during 2018/2019. The key requirement for the delivery of this plan is the integration of all banks into an NHS Grampian nurse bank service. Pre-booking of bank staff at ward level no longer takes place, with all bank staff being managed through the nurse bank office.

The second phase of this project is the full integration and amalgamation, of the four central bank offices to one site and under one management structure, which will be ongoing in 2018/2019.

During 2018/2019 NHS Grampian will continue to deliver the recommendations of the Nurse Bank Review.

Nursing and Midwifery Workload Workforce Tools have been widely used across NHS Grampian during 2017/2018. Services that have utilised the Tools are; Acute and Community Hospitals (Aberdeen, Aberdeenshire and Moray) where the majority of adult in-patient areas have run the Professional Judgement and either the Adult In-Patient or Small Ward Tool. Mental Health services have run Professional Judgement, in conjunction with
their specific tool. Paediatrics and Neonatal ran their specific Tools on a daily basis and Professional Judgement annually.

NHS Grampian is currently following the national guidance when applying these Tools, which align with the Healthcare Quality Strategy for NHS Scotland. It aims to build upon quality health care services, ensuring all work is integrated and allied to the quality ambitions, resulting in measurable improvements within the local workforce.

Our Commitment 2018/19

NHS Grampian will continue to use the Nursing and Midwifery Workload and Workforce Tools during 2018/2019.
Summary of Actions 2019/2020

NHS Grampian will continue work towards the aims of the Health and Social Care Delivery Plan. This will be undertaken with a regional approach, as part of the Regional Delivery Plan and Regional Workforce Plan. Work will continue in relation to Health and Social Care Integration alongside the continued development of patient centred care.

There will be continued participation in the NHS Scotland workforce planning process and an active role in workforce planning regionally.

There will be a continued focus on the National Clinical Strategy and the Grampian Clinical Strategy, placing patients at the forefront of their care. Prevention, self management and services delivered closer to the patients’ home are pivotal in delivering this vision. The Board will continue to align the workforce and service to enable the changes required.

NHS Grampian will continue the development of a more multi-skilled workforce, which will focus on the needs of the patients and who will work collaboratively with colleagues across all steps of the patient pathway, across the North of Scotland.

NHS Grampian will continue to work together with our highly valued workforce in relation to these changes and to ensure they are successfully delivered.

There will continue to be active collaboration, in relation to, the shared services agenda and collaboration, to regional working and regional workforce planning.

Redesign of services will continue to ensure the workforce is utilised optimally and there is a continued balance between demand, capacity and flexibility of the future workforce.

The Board, as part of the North of Scotland, will continue to have financial challenges in 2018/2019 and beyond. Supplementary staffing will continue to be robustly scrutinised. NHS Grampian, will continue to prioritise adequate workforce supply, to manage the use of Bank and Agency staff, by the introduction of transformational roles such as Physician Associates, Health Care Support Workers, Clinical Development Fellows and Advanced Clinical Practitioners. This will support the embedding of a flexible and adaptable workforce in the future.
Appendix 1 - Workforce Data

1 Current Workforce Highlights
The following is a summary of workforce data compared to information presented in 2017/2018 and analysed to assess risk and develop action plans.

The reporting periods included within the below data, are based on figures and comparisons from 31st March 2017 and the 31st December 2017.

1.1 Staff in Post, 31st December 2017
NHS Grampian employed 14,478 people, which was 12,011.8\(^{21}\) whole time equivalent (wte) staff, as shown by staff group, in Chart 1. Since March 2014, there has been an increase of 528 staff, or 512.4 wte across the workforce. Between September 2009 and March 2014, staff numbers reduced from, 14,640\(^{22}\) down to a low of 13,881 at September 2011.

Chart 1: NHS Grampian wte and Headcount Split by Staff Group 31st December 2017

\(^{21}\)The workforce figures throughout this section do not include Honorary Contracts or medical leadership and support roles such as GP appraisers, GP Sub Committee members, Clinical Leads, Medical Director, where most have a low WTE.

\(^{22}\) ISD Data Table Overall Trend_D2017
The Nursing and Midwifery staff group, is the largest group within NHS Grampian and make up more than 43% of the total workforce. Support Services and Administration Services are the next largest staff groups, with 14% each of the total workforce. Medical and Dental staff account for over 10%, with Allied Health Professions following closely employing 8% of the NHS Grampian workforce.

1.2 Whole Time Equivalent and Headcount

Table 1: Headcount and wte as at 31 December 2017

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Headcount</th>
<th>wte</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMINISTRATIVE SERVICES</td>
<td>2150</td>
<td>1792.8</td>
</tr>
<tr>
<td>ALLIED HEALTH PROFESSION</td>
<td>1188</td>
<td>938.4</td>
</tr>
<tr>
<td>DENTAL SUPPORT</td>
<td>217</td>
<td>178.8</td>
</tr>
<tr>
<td>HEALTHCARE SCIENCES</td>
<td>498</td>
<td>428.0</td>
</tr>
<tr>
<td>MEDICAL AND DENTAL</td>
<td>1452</td>
<td>1288.1</td>
</tr>
<tr>
<td>MEDICAL SUPPORT</td>
<td>65</td>
<td>61.7</td>
</tr>
<tr>
<td>NURSING/MIDWIFERY</td>
<td>6278</td>
<td>5266.8</td>
</tr>
<tr>
<td>OTHER THERAPEUTIC</td>
<td>414</td>
<td>347.7</td>
</tr>
<tr>
<td>PERSONAL AND SOCIAL CARE</td>
<td>83</td>
<td>68.4</td>
</tr>
<tr>
<td>SENIOR MANAGERS</td>
<td>30</td>
<td>28.9</td>
</tr>
<tr>
<td>SUPPORT SERVICES</td>
<td>2103</td>
<td>1612.3</td>
</tr>
<tr>
<td>Grand Total</td>
<td>14478</td>
<td>12011.8</td>
</tr>
</tbody>
</table>

As at 31st December 2017, NHS Grampian has, 14,478 staff working 12,011.8 whole-time equivalent. The main clinical staffing groups are Medical and Dental, Nursing and Midwifery and Allied Health Professions who combined, have increased staff numbers over the last 5 years reaching a combined total of over 7,500.0 wte, which is a level not seen since September 2009. The numbers of Nursing and Midwifery staff has increased since September 2013 to reach the current level of 5,266.8 wte as at December 2017.
1.3 Whole/Part Time Working

Over the previous 4 years, there has been a shift from full time towards part-time working across the workforce. There has been an increase to 249 staff working part-time and a decrease of 48 in staff working whole-time. This could be due to a predominantly female workforce choosing to work part-time.

Chart 2 below shows the split between whole and part-time working by Staff Group. Support Services continues to be the only Staff Group with a higher ratio of part-time to whole-time working. This is partially due to the high numbers of Domestic and Catering staff who work part-time and to the predominant female staff seeking flexible employment to accommodate work/family balance.

Chart 2: Split between Whole-Time and Part-Time by Staff Group 31 December 2017

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>% Part-time</th>
<th>% Whole-time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admin Services</td>
<td>35%</td>
<td>65.5%</td>
</tr>
<tr>
<td>Allied Health Profession</td>
<td>42%</td>
<td>57.5%</td>
</tr>
<tr>
<td>Dental Support</td>
<td>36%</td>
<td>63.8%</td>
</tr>
<tr>
<td>Healthcare Science</td>
<td>22%</td>
<td>78.3%</td>
</tr>
<tr>
<td>Medical and Dental</td>
<td>15%</td>
<td>84.7%</td>
</tr>
<tr>
<td>Medical Support</td>
<td>17%</td>
<td>82.7%</td>
</tr>
<tr>
<td>Nursing and Midwifery</td>
<td>41%</td>
<td>58.9%</td>
</tr>
<tr>
<td>Other Therapeutic</td>
<td>31%</td>
<td>69.0%</td>
</tr>
<tr>
<td>Personal and Social Care</td>
<td>30%</td>
<td>70.2%</td>
</tr>
<tr>
<td>Senior Managers</td>
<td>7%</td>
<td>93.3%</td>
</tr>
<tr>
<td>Support Services</td>
<td>53%</td>
<td>46.9%</td>
</tr>
</tbody>
</table>

% Part-time 34.5%        42.5%  36.2%  21.7%  15.3%  17.3%  41.1%  31.0%  29.8%  6.7%  53.1%
% Whole-time 65.5%        57.5%  63.8%  78.3%  84.7%  82.7%  58.9%  69.0%  70.2%  93.3%  46.9%
2. Age and Gender Profiles

Understanding the workforce age profile is important to ensure appropriate succession planning and to prevent gaps in knowledge, and experience within any staff group. It should also be recognised there are increasing numbers of people who are choosing to work beyond State Pension Age (SPA), particularly in light of recent changes to State Pension Age\(^23\).

The chart below shows the age profile of the Medical and Dental, Nursing and Midwifery and Allied Health Professions workforce. Nursing and Midwifery, as the largest staff group within NHS Grampian, is influencing the overall age profile and highlights a reduction in the number of Nursing and Midwifery staff in the 30 to 44 age brackets, as well as the Nursing and Midwifery staff aged 50 and over.

NHS Grampian is a teaching hospital, therefore, 43% of Medical and Dental workforce, includes trainees, 632. The chart below has excluded trainees, due to the lower age ranges which hide issues of an aging workforce within this staff group.

**Chart 3: NHS Grampian Age Profile by Main Clinical Staff Groups 31 December 2017**

Medical and Dental staff (excluding trainees), increases rapidly between 25 and 39 due to trainees becoming qualified during this period within their careers. A larger proportion of Medical and Dental staff are retiring later than Nursing and Midwifery colleagues and, in turn, later than Allied Health Professions. Allied Health Professions are recruiting larger numbers of staff over the 25 to 34 age ranges compared with Nursing and Midwifery.

2.1 Ageing Workforce

The average age of NHS Grampian staff is 43 years.

30.3% of the Nursing workforce is aged 50 or over; 33.5% of Healthcare Scientists are aged 50 or over; 23.7% of Administration Services staff are aged 55 or over and 29.1% of the overall workforce is aged 55 or over. With a high percentage of the workforce over 50 years old, there is a requirement for NHS Grampian to monitor and appropriately plan for an aging workforce.

To ensure a sustainable workforce, NHS Grampian must support staff to remain in the workforce for longer. Return to Practice programmes, and the strengthened links with the colleges and universities to support recruitment of staff, has the potential to mitigate some of the anticipated gaps in workforce capacity and expertise.

Given the identified risk of an ageing workforce, supporting people to maintain their health and well being, will influence their ability to work for longer and will improve stability of the workforce.

**Chart 4: NHS Grampian Age Range as at 31 December 2017 compared with 5 years ago**

The staff levels between 25 through to 50 years old continues to reduce, however there is a significant number of staff working longer than 5 years ago. The percentage of staff within the age range 50 through to 60+ was, 33% 5 years ago, but has risen to 37% in 2017. There is a slight increase within the younger age range. In the staff who are under 20 through to 24, there is a small increase of 0.6% compared to 5 years ago.
3. Gender

This gender profile indicates that the organisation continues to be predominantly female.

Chart 5: NHS Grampian Gender Split

Since 2013, the percentage of male staff, compared with female staff, has seen a slight reduction. In March 2012, 18.0% of staff was male, which reduced to 17.5% in 2017. There are differences between staff groups for example, Nursing and Midwifery is 94% female and 6% male. Medical and Dental in contrast, is 51% female and 49% male. There are no single staff groups within NHS Grampian where male staff outnumber female staff.
4. Sickness Absence

NHS Grampian’s sickness absence rate has fluctuated between 4.55% and 5.39% between January to December 2017. NHS Grampian’s sickness absence level remains below that of the average for NHS Scotland. Throughout 2017, the absence rates reflect a pattern, as seen in previous years, with lower absence levels during summer months. NHS Grampian’s long term absence is consistently below most other territorial Boards in Scotland. This reflects the work by Managers, HR and Grampian Occupational Health Services to support staff using appropriate adjustments, where required.

Chart 6: NHS Grampian Sickness Absence Rates, Monthly ISD, January 2017 - December 2017

In comparison with the North of Scotland, the year ending annualised figures are as follows: Highland 5.06%, Orkney 4.74%, Tayside 4.95%, Western Isles 5.70% and Shetland 3.78% compared with Grampian at 4.98%. The Scottish figure for January 2017 to December 2017 was 5.27%.

4.1 Attendance Management

Whilst the overall sickness absence of NHS Grampian is below the NHS Scotland average, it presents an ongoing risk to a sustainable and capable workforce. With absence levels fluctuating across professions and sectors, the need to help people to return and stay in work through appropriate management and Occupational Health support must be maintained.
5. Turnover

Turnover\textsuperscript{24} of staff within any organisation creates opportunity to review the current workforce and skill mix. NHS Grampian’s turnover rate averages 10.3\%, allowing opportunity for reviewing roles. Whilst turnover rates are healthy, Allied Health Professions, Nursing and Midwifery, and Medical staff have had a high proportion of vacancies of more than 3 months. This creates additional pressures on existing workforce and can create increased reliance on supplementary staff.

Table 3: Aggregated Starters and Leavers 1 January 2017 - 31 December 2017

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>No. of starters for last 12 months</th>
<th>No. of leavers for last 12 months</th>
<th>Current Headcount</th>
<th>Turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admin Services</td>
<td>168</td>
<td>234</td>
<td>2150</td>
<td>10.88%</td>
</tr>
<tr>
<td>Allied Health Profession</td>
<td>146</td>
<td>121</td>
<td>1188</td>
<td>10.19%</td>
</tr>
<tr>
<td>Dental Support</td>
<td>11</td>
<td>19</td>
<td>217</td>
<td>8.76%</td>
</tr>
<tr>
<td>Healthcare Sciences</td>
<td>57</td>
<td>54</td>
<td>498</td>
<td>10.84%</td>
</tr>
<tr>
<td>Medical and Dental</td>
<td>100</td>
<td>92</td>
<td>1452</td>
<td>6.34%</td>
</tr>
<tr>
<td>Medical Support</td>
<td>14</td>
<td>6</td>
<td>65</td>
<td>9.23%</td>
</tr>
<tr>
<td>Nursing and Midwifery</td>
<td>713</td>
<td>698</td>
<td>6278</td>
<td>11.12%</td>
</tr>
<tr>
<td>Other Therapeutic</td>
<td>60</td>
<td>45</td>
<td>414</td>
<td>10.87%</td>
</tr>
<tr>
<td>Personal and Social Care</td>
<td>5</td>
<td>11</td>
<td>83</td>
<td>13.25%</td>
</tr>
<tr>
<td>Senior Managers</td>
<td>0</td>
<td>6</td>
<td>30</td>
<td>20.00%</td>
</tr>
<tr>
<td>Support Services</td>
<td>191</td>
<td>209</td>
<td>2103</td>
<td>9.94%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>1465</strong></td>
<td><strong>1495</strong></td>
<td><strong>14478</strong></td>
<td><strong>10.3%</strong></td>
</tr>
</tbody>
</table>

Note: Doctors in Training are not included within the Turnover figures.

The Senior Manager staff group from 1\textsuperscript{st} January 2017 to 31 December 2017, has the highest turnover rate of 20.0\%. The next highest staff group is, Personal and Social Care 13.25\%, alongside the staff group with the lowest turnover which is Medical and Dental at 6.3\%.

As the above table shows, there are more starters than leavers within the three main clinical staff groups, Medical and Dental, Nursing and Midwifery and Allied Health Professions. Support Services and Administration Services both have more leavers than starters over the past year, 209 and 234 respectively. More starters than leavers, combined with an aging workforce, is concerning for the future resilience of the workforce.

\textsuperscript{24} Turnover is defined as employees leaving NHS Grampian. The current headcount as at 31\textsuperscript{st} December 2017
Unemployment rates\textsuperscript{25} have decreased in Scotland to 4.8% from 5.8% for the same period last year. However, Aberdeen City and Aberdeenshire have seen an increase in local unemployment rates, with the downturn in the Oil and Gas sector having had a significant impact upon these figures. Unemployment rates within Aberdeen City in particular, have increased by 0.70% over the past year, reaching 5.4%, which is now higher than the Scottish average, 4.8%. Aberdeenshire, whilst experiencing an increasing rate in unemployment, currently 3.8%, remains low compared to our other two local authority areas.

6. Understanding Workforce Availability and Supply

Grampian continues to have one of the highest employment rates in the country at 74.6%, but the downturn within the Oil and Gas sector has contributed to a continued downwards trend towards the Scottish average, 72.9%. Aberdeen City has been hit hardest by the downturn, with employment figure 70.2% which is now below the Scottish average. Moray has also suffered from a downturn in employment rates over the previous 3 years, but has shown a significant recovery from, 73.4% to 75.4%. Aberdeenshire’s rate is still strong with, 78.1% employment; however the trend remains downward.

The number of Doctors in Training studying at Aberdeen University has increased since 2015/2016 from 123 to 132 in 2017/2018. However graduates who then choose to work for NHS Grampian has decreased from 41 to 38, which shows that although graduates are increasing, the number choosing to live and work in Grampian is declining. The information provided by NHS Education for Scotland includes Doctors in Training who indicated that they studied at Aberdeen University, therefore the total number could be greater than reported.

\textsuperscript{25} 2016. ‘Economy and Labour Markets in Scotland; Statistics from the Annual Population Survey’
Chart 8: % of Aberdeen University Graduates Employed by NHS Grampian

Data Source: NHS Education for Scotland

Nursing and Midwifery graduates from Robert Gordon’s University has fluctuated between 198 in 2015 and 206 in 2017, peaking at 214 in 2016. The number of nursing graduates has remained steady over the last 3 years (173, 177 and 168), whereas midwifery numbers have increased from 25 to 38. The through-put and supply of nursing graduates remains stable. However there is decline in the number of midwifery graduates choosing to remain and work within NHS Grampian.

Chart 9: % of Robert Gordon’s University Graduates Employed by NHS Grampian

Data Source: Robert Gordon’s University

26 The information was gathered from students at the time of completion and could be subject to change.
6.1 Recruitment Applications

Chart 10: NHS Grampian Recruitment Applications January – December 2017

The current year has seen 42,915 applications received by NHS Grampian. There has been a decrease of 17.6% in the number of applications received compared to the same period last year. Between 2014 and 2016 the number of applications received increased by 25% and decreased in 2017 to the current level.

7. Equality and Diversity

The ethnic makeup of the NHS Grampian Workforce, as at 31st March 2017, is shown in Appendix 2. The ethnic makeup of the NHS Grampian workforce is less ethnically diverse (2%) than the wider population of Grampian (4%). Those that preferred not to declare ethnicity accounted for 28% of the workforce.

8. Finance

NHS Grampian’s expenditure on staff costs for the 2017/2018 financial year is projected to be £593m including all three Health and Social Care Partnerships. Excluding Family Health Services costs, this represents 70% the Boards total expenditure. It is vital that NHS Grampian uses all staff resources in an efficient and effective way. To achieve financial balance, the Board estimates a requirement to make savings of £18.3m in the 2018/2019 financial year, with a similar level of savings required over each of the subsequent 3 years.

---

NHS Grampian’s expenditure on Agency Medical Locums, Agency Nursing and Nursing Bank for the 2017/2018 financial year was £37.2m:

Agency medical locums £15.7m (estimated);
Agency nursing £4.6m (estimated); and
Bank nursing £16.9m (estimated).

In 2017/2018, the expenditure on bank nursing is 4% below the level recorded for 2016/2017. Expenditure in 2017/2018 on agency nursing is expected to be above the level incurred in 2016/2017 due to additional agency input to support elective care and winter pressures.

The reduction in expenditure on medical locums has been a result of significant scrutiny in relation to the use of medical locums. Better use of staff is a key action in delivering safe and effective workforce, as well as potential savings. Expenditure in the following areas will continue to be scrutinised during 2018/2019:

Reducing the demand and spend for agency medical locums, by a combination of: filling long term vacancies; improving controls around demand management; ensuring there is sufficient scrutiny in the process and justification for the use of locums.

Eliminating non-compliant junior medical rotas by effective rostering, filling vacancies, including the continued recruitment of Clinical Development Fellows, Advanced Practitioners and Physician Associates.

Implementing improved processes in relation to shift pattern rostering to deliver efficiencies in the use of bank nurse staff.

Continued vacancy management to ensure that all new and replacement posts are scrutinised for potential efficiencies before being filled.

Ongoing review of skill mix opportunities to ensure an appropriate grade mix for duties performed.
9 Vacancies

9.1 Consultants
The number of Consultant vacancies increased from 38.2 wte as at 31st December 2016 to 45.2 wte as at 31st December 2017. It should be noted of the 45.2 wte, 12 posts have been appointed to but individuals have not yet started, compared with 7 in the same category previous year.

<table>
<thead>
<tr>
<th>Medical &amp; Dental - NHS Grampian</th>
<th>ISD Vacancy Comparison Table, 31st December (wte)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant Specialties - wte</td>
<td>This Year, 31st December 2017</td>
</tr>
<tr>
<td>All specialties</td>
<td>45.2</td>
</tr>
<tr>
<td>All medical specialties</td>
<td>43.2</td>
</tr>
<tr>
<td>Emergency medicine</td>
<td>4.0</td>
</tr>
<tr>
<td>Anaesthetics</td>
<td>2.3</td>
</tr>
<tr>
<td>Intensive care medicine</td>
<td>0.8</td>
</tr>
<tr>
<td>Clinical Laboratory Specialties</td>
<td>9.0</td>
</tr>
<tr>
<td>Histopathology</td>
<td>2.0</td>
</tr>
<tr>
<td>Medical microbiology &amp; virology</td>
<td>3.0</td>
</tr>
<tr>
<td>Clinical radiology</td>
<td>4.0</td>
</tr>
<tr>
<td>Medical Specialties</td>
<td>7.0</td>
</tr>
<tr>
<td>General (acute) medicine</td>
<td>0.0</td>
</tr>
<tr>
<td>Dermatology</td>
<td>2.0</td>
</tr>
<tr>
<td>Geriatric medicine</td>
<td>1.0</td>
</tr>
<tr>
<td>Medical oncology</td>
<td>2.0</td>
</tr>
<tr>
<td>Neurology</td>
<td>0.0</td>
</tr>
<tr>
<td>Clinical neurophysiology</td>
<td>1.0</td>
</tr>
<tr>
<td>Clinical oncology</td>
<td>1.0</td>
</tr>
<tr>
<td>Occupational medicine</td>
<td>0.0</td>
</tr>
<tr>
<td>Psychiatric specialties</td>
<td>6.2</td>
</tr>
<tr>
<td>General psychiatry</td>
<td>5.0</td>
</tr>
<tr>
<td>Old age psychiatry</td>
<td>1.0</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>0.2</td>
</tr>
<tr>
<td>Surgical specialties</td>
<td>8.0</td>
</tr>
<tr>
<td>General surgery</td>
<td>5.0</td>
</tr>
<tr>
<td>Cardiotoracic surgery</td>
<td>1.0</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>0.0</td>
</tr>
<tr>
<td>Trauma &amp; orthopaedic surgery</td>
<td>2.0</td>
</tr>
<tr>
<td>Obstetrics &amp; gynaecology</td>
<td>1.0</td>
</tr>
<tr>
<td>Paediatrics specialties</td>
<td>5.0</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>3.0</td>
</tr>
<tr>
<td>Community child health</td>
<td>2.0</td>
</tr>
<tr>
<td>All dental specialties</td>
<td>2.0</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>1.0</td>
</tr>
<tr>
<td>Restorative dentistry</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Colour Code Key > <= 0 >= 1 and <3 >=3
9.2 Junior Doctor Training Posts

Recruitment to Foundation, Core and Specialty training continues to be a challenge for the Board. As of February 2018, there are a number of Foundation, Specialty Trainee, Locum Appointed for Training (LAT), Locum Appointed for Service (LAS) and GP Specialty Trainee vacancies.

Innovative posts such as Physician Associates, Advanced Clinical Practitioners and Clinical Development Fellows (CDF) are becoming an established part of the NHS Grampian workforce. Appointments to CDF posts are targeted towards departments with the greatest staffing need and are attracting applicants from across the United Kingdom.

There is a growing interest in the Physician Associate workforce and services are utilising this profession in their multi-disciplinary team.

The Medical Training Initiative (MTI) is a mutually beneficial scheme that provides Doctors in Training from all over the world with the opportunity to work and train in the UK, while giving the Board a high-quality, longer-term alternative to using locums to fill rota gaps. The scheme is underpinned by the Diploma in UK Medical Practice which all candidates are expected to achieve and is usually aimed at those just about to achieve the equivalent of the UK’s Certificate of Completion of Training.
### 9.3 Allied Health Professions

The number of Allied Health Professional vacancies has decreased from 71.9 wte as at 31st December 2016 to 65.2 wte as at 31st December 2017.

<table>
<thead>
<tr>
<th>Job Sub Family</th>
<th>Allied Health Professionals ISD Vacancy Table 31st December (wte)</th>
<th>This Year, 31st December 2017</th>
<th>Last Year, 31st December 2016</th>
<th>Difference</th>
<th>Percentage Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dietetics</td>
<td></td>
<td>1.4</td>
<td>3.1</td>
<td>-1.7</td>
<td>-54.8%</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td></td>
<td>10.1</td>
<td>9.2</td>
<td>0.9</td>
<td>9.8%</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td></td>
<td>20.3</td>
<td>24.4</td>
<td>-4.1</td>
<td>-16.8%</td>
</tr>
<tr>
<td>Podiatry</td>
<td></td>
<td>10.5</td>
<td>7.3</td>
<td>3.2</td>
<td>43.8%</td>
</tr>
<tr>
<td>Radiography - Diagnostic (inc. Sonography)</td>
<td></td>
<td>7.8</td>
<td>17.0</td>
<td>-9.2</td>
<td>-54.1%</td>
</tr>
<tr>
<td>Radiography - Therapeutic</td>
<td></td>
<td>1.0</td>
<td>1.0</td>
<td>0</td>
<td>No Change</td>
</tr>
<tr>
<td>Speech and Language Therapy</td>
<td></td>
<td>14.1</td>
<td>8.9</td>
<td>5.2</td>
<td>58.4%</td>
</tr>
<tr>
<td>Orthotist</td>
<td></td>
<td>0.0</td>
<td>0.0</td>
<td>0</td>
<td>No Change</td>
</tr>
<tr>
<td>Prosthetists</td>
<td></td>
<td>0.0</td>
<td>0.0</td>
<td>0</td>
<td>No Change</td>
</tr>
<tr>
<td>Orthoptists</td>
<td></td>
<td>0.0</td>
<td>1.0</td>
<td>-1</td>
<td>-100.0%</td>
</tr>
<tr>
<td>Arts, Music &amp; Drama Therapy</td>
<td></td>
<td>0.0</td>
<td>0.0</td>
<td>0</td>
<td>No Change</td>
</tr>
<tr>
<td>Paramedics</td>
<td></td>
<td>0.0</td>
<td>0.0</td>
<td>0</td>
<td>No Change</td>
</tr>
<tr>
<td>Multi Skilled Support Worker</td>
<td></td>
<td>0.0</td>
<td>0.0</td>
<td>0</td>
<td>No Change</td>
</tr>
</tbody>
</table>

**Colour Code Key**

- `<0`<br>- `>0 and <3`<br>- `>=3`

Occupational Therapy, Physiotherapy, Speech and Language, Podiatry and Diagnostic Radiography are disciplines that experience difficulties with recruitment and retention. Physiotherapy, routinely has high vacancy levels with 20.3 wte vacant posts.
The number of Nursing and Midwifery vacancies has decreased from 444.8 wte as at 31st December 2016 to 393.1 wte as at 31st December 2017.

Detailed Current Vacancies within NHS Grampian Nursing/Midwifery:

<table>
<thead>
<tr>
<th>Division and Unit</th>
<th>Nursing and Midwifery Vacancy Table 31st December (wte)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This Year, 31st December 2017</td>
</tr>
<tr>
<td>Acute Medicine</td>
<td></td>
</tr>
<tr>
<td>Medicine 1</td>
<td>4.4</td>
</tr>
<tr>
<td>Medicine 2</td>
<td>18.5</td>
</tr>
<tr>
<td>Medicine 4</td>
<td>17.1</td>
</tr>
<tr>
<td>Medicine 5</td>
<td>15.5</td>
</tr>
<tr>
<td>Acute Surgery</td>
<td></td>
</tr>
<tr>
<td>Surgery 1</td>
<td>7.6</td>
</tr>
<tr>
<td>Surgery 2</td>
<td>14.3</td>
</tr>
<tr>
<td>Surgery 3</td>
<td>37.9</td>
</tr>
<tr>
<td>Surgery 4</td>
<td>61.3</td>
</tr>
<tr>
<td>Surgery 5</td>
<td>12.0</td>
</tr>
<tr>
<td>Acute Women &amp; Children</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>16.0</td>
</tr>
<tr>
<td>Children</td>
<td>13.2</td>
</tr>
<tr>
<td>Acute Clinical Support Services</td>
<td></td>
</tr>
<tr>
<td>Clinical Support 1</td>
<td>0.0</td>
</tr>
<tr>
<td>Clinical Support 2</td>
<td>8.7</td>
</tr>
<tr>
<td>Clinical Support 3</td>
<td>13.0</td>
</tr>
<tr>
<td>Clinical Support 4</td>
<td>1.0</td>
</tr>
<tr>
<td>Acute Dr Grays</td>
<td></td>
</tr>
<tr>
<td>Dr Grays</td>
<td>8.2</td>
</tr>
<tr>
<td>Acute Management Team</td>
<td></td>
</tr>
<tr>
<td>AMT</td>
<td>0.0</td>
</tr>
<tr>
<td>Aberdeenshire CHP</td>
<td></td>
</tr>
<tr>
<td>Total Aberdeenshire H&amp;SCP</td>
<td>30.8</td>
</tr>
<tr>
<td>Aberdeen CHP</td>
<td></td>
</tr>
<tr>
<td>Total Aberdeen H&amp;SCP</td>
<td>38.3</td>
</tr>
<tr>
<td>Moray CHP</td>
<td></td>
</tr>
<tr>
<td>Total Moray H&amp;SCP</td>
<td>12.8</td>
</tr>
<tr>
<td>Mental Health Grampian</td>
<td></td>
</tr>
<tr>
<td>Mental Health Hospital</td>
<td>52.8</td>
</tr>
<tr>
<td>Mental Health Community</td>
<td>8.3</td>
</tr>
<tr>
<td>GO Services - OHS</td>
<td></td>
</tr>
<tr>
<td>Occupational Health</td>
<td>1.4</td>
</tr>
</tbody>
</table>

Colour Code Key:
- <=0
- >0 and <5
- >=5
Acute Nursing and Midwifery vacancies are consistently high across NHS Grampian, compared with, 300.5 wte as at 31 December 2015, 425.5 wte in December 2016 and 393.1 wte as at 31 December 2017. Mental Health Services are also experiencing workforce supply issues, with 59.0 wte vacancies as at 31 December 2015, 58.4 wte in December 2016 and 61.1 wte as at 31 December 2017.

Early indication shows that the number of Nursing and Midwifery vacancies may increase in the final quarter of the current financial year.
# Appendix 2

## 1. NHS Grampian Ethnicity Report as at 31st March 2017

<table>
<thead>
<tr>
<th>2011 Census categories</th>
<th>Number</th>
<th>Percentage</th>
<th>2011 Census, % of population of Grampian in each category</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong> White</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scottish</td>
<td>8,804</td>
<td>51.00%</td>
<td>95.90%</td>
</tr>
<tr>
<td>Other British</td>
<td>1,620</td>
<td>9.39%</td>
<td>78.70%</td>
</tr>
<tr>
<td>Irish</td>
<td>187</td>
<td>1.08%</td>
<td>11.40%</td>
</tr>
<tr>
<td>Gypsy/Traveller</td>
<td>-</td>
<td>-</td>
<td>0.70%</td>
</tr>
<tr>
<td>Polish</td>
<td>15</td>
<td>0.09%</td>
<td>0.10%</td>
</tr>
<tr>
<td>Other white ethnic group</td>
<td>507</td>
<td>2.94%</td>
<td>1.90%</td>
</tr>
<tr>
<td><strong>B</strong> Mixed or multiple ethnic groups</td>
<td>57</td>
<td>0.33%</td>
<td>0.40%</td>
</tr>
<tr>
<td>Any mixed or multiple ethnic groups</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C</strong> Asian, Asian Scottish or Asian British</td>
<td>203</td>
<td>1.18%</td>
<td>2.10%</td>
</tr>
<tr>
<td>Pakistani, Pakistani Scottish or Pakistani British, Indian, Indian Scottish or Indian British, Bangladeshi, Bangladeshi Scottish or Bangladeshi British, Chinese, Chinese Scottish or Chinese British</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D</strong> African</td>
<td>6</td>
<td>0.03%</td>
<td>1.00%</td>
</tr>
<tr>
<td>African, African Scottish or African British</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>E</strong> Caribbean or Black</td>
<td>10</td>
<td>0.04%</td>
<td>0.20%</td>
</tr>
<tr>
<td>Caribbean, Caribbean Scottish or Caribbean British</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black, Black Scottish or Black British</td>
<td></td>
<td></td>
<td>0.10%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>F</strong> Other ethnic group</td>
<td></td>
<td></td>
<td>0.30%</td>
</tr>
<tr>
<td>Arab, Arab Scottish or Arab British</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>59</td>
<td>0.34%</td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td>935</td>
<td>5.42%</td>
<td></td>
</tr>
<tr>
<td><strong>G</strong> Prefer not to answer</td>
<td>4,858</td>
<td>28.14%</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>17,261</td>
<td>100%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>
2 Job Planning

Consultant Medical Staff and Specialty Doctors are contractually required to have an agreed job plan, which describes all of their professional and service commitments.

Table 2: Job Planning Completion as at 31 December 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Consultants</th>
<th>Honorary Consultant</th>
<th>Job Plans Submitted</th>
<th>% Job plans Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
<td>485</td>
<td>49</td>
<td>450</td>
<td>84.30%</td>
</tr>
<tr>
<td>2015/16</td>
<td>521</td>
<td>54</td>
<td>362</td>
<td>63.40%</td>
</tr>
<tr>
<td>2016/17</td>
<td>511</td>
<td>52</td>
<td>259</td>
<td>48.70%</td>
</tr>
<tr>
<td>2017 September ISD</td>
<td>511</td>
<td>50</td>
<td>362</td>
<td>70.70%</td>
</tr>
</tbody>
</table>

There has been an increase in Consultant Job Plan submissions from last year, 48.7% returned in September 2016 to 70.7% returned as at 30th September 2017.

In 2017, 23.5% of Associate Specialist and Specialty Doctors job plans were submitted; this represents an increase of 0.3% from last year.