

NHS Greater Glasgow and Clyde	Paper No. 22/64
Meeting:	NHS Board Meeting
Meeting Date:	23 August 2022
Title:	Workforce Supply Update
Sponsoring Director/Manager	Anne MacPherson, Director of Human Resources and Organisational Development
Report Author:	Steven Munce, Head of Workforce Planning and Resources

1. Purpose

The purpose of the attached paper is to

- Provide an update on workforce supply across NHSGGC
- Provide assurance that an appropriately sized and skilled workforce is available to deliver effective and high quality health services
- The paper details mitigating action in relation to Corporate Risk Register 3110 'Failure to recruit and retain staff' and supports the corporate aims on Better Care and Better Workplace

2. Executive Summary

The paper can be summarised as follows:

- The paper describes the current workforce position, including the mitigating actions to address any shortfall
- The paper presents a NHSGCC wide view of all job families

3. Recommendations

The NHS Board is asked to review the attached paper to provide assurance on workforce supply.

4. Response Required

This paper is presented for assurance.

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- | | |
|------------------------|-----------------|
| • Better Health | <u>Positive</u> |
| • Better Care | <u>Positive</u> |
| • Better Value | <u>Positive</u> |
| • Better Workplace | <u>Positive</u> |
| • Equality & Diversity | <u>Positive</u> |
| • Environment | <u>Neutral</u> |

6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity:

- The workforce activity described within the paper is presented to the Strategic Executive Group and the Workforce Supply Group
- Staffside forums, including Area Partnership Forum and Staff Governance Committee receive regular workforce updates.

7. Governance Route

This paper has been previously considered by the following groups as part of its development:

- The paper summarises workforce supply activity which is regularly discussed with staffside colleagues at the Workforce Supply Group and various staffside forums.

8. Date Prepared & Issued

Prepared on 16 August 2022

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1. Introduction

- 1.1. This paper details the current workforce establishment position for key job families, an overview of current challenges and a description of activity being undertaken to mitigate these, including the steps being taken to support and focus on staff wellbeing, increased levels of recruitment activity and preparations within the staff bank. The paper is provided to the Board for assurance.

2. Background

- 2.1. The workforce of NHSGGC is critical to maintaining our service delivery and have played a vital role in responding to the pandemic. Clinical pathways have been changed and services have been re-designed across a number of services areas. Capacity has been expanded in key areas, particularly critical care when needed and new services introduced. Our staff have responded flexibly, adopting to new ways of working in extremely challenging circumstances.

3. Assessment

3.1. Staff Wellbeing and Mental Health Initiatives

- 3.1.1. A range of staff wellbeing and mental health initiatives were deployed during the pandemic response and will be maintained and supported on an ongoing basis. This includes peer support, staff support helpline, staff listening service, rest and relaxation areas, catering developments and occupational health counselling and psychology. A team consisting of Psychology, Occupational Therapy, Occupational Health and Physiotherapy staff has been established to support staff who have been diagnosed with Long-COVID. In addition to NHSGGC wellbeing resources, a number of initiatives are also available both nationally and from partner organisations including the national wellbeing hub. These initiatives will help to support the wellbeing of staff during these challenging times.

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3.2. Workforce Establishment and Recruitment

- 3.2.1. Our registered Nursing and Midwifery workforce is currently at 91% of establishment in both Acute and Health and Social Care Partnerships (HSCPs). Throughout the year several approaches to attain additional resource have been taken.
- 3.2.2. Our main opportunity to recruit registered nurses is through the Newly Qualified Nurses/Midwives (NQN/M) campaign. Following a successful recruitment campaign this year, 720 NQN/Ms are expected to join by early October, an increase from 577 last year. These new recruits are being placed in those wards and departments with the most need, based on local vacancy levels.
- 3.2.3. Earlier this year, NHSGGC, supported by Scottish Government funding, embarked on a campaign to recruit internationally trained nurses. A small in-house team managed the end-to-end process, and we now have 50 internationally trained nurses working in our Acute wards. A subsequent campaign is currently being planned to attract a new cohort of nurses.
- 3.2.4. There is limited opportunity to recruit registered nurses throughout the rest of the year, as we seek to attract people from neighbouring geographical Boards or elsewhere within the health and social care sector.
- 3.2.5. The recruitment service takes a data driven approach to identify vacancy hotspots, before engaging with Human Resources (HR) colleagues and service leaders to define the recruitment requirements. The team then designs and deploys an appropriately scaled recruitment campaign. All vacancies are posted on the NHS Scotland National Recruitment portal, with key roles being promoted on all available NHSGGC social media channels. Whenever required, the recruitment service can deploy an on-site recruitment event, inviting candidates to visit the work location, allowing them to meet the team and ask questions. This approach helps to encourage hesitant or uncertain candidates to consider the role without having to complete a formal application in advance. These events are heavily advertised locally and online to promote attendance. There is a pre-planned calendar of events to ensure resources are most effectively and efficiently deployed across NHSGGC locations and services. The recruitment service maintains effective relationships with neighbouring territorial Boards, the Department for Work and Pensions (DWP) and community employability organisations in order to maximise recruitment opportunities.
- 3.2.6. Our recruitment service aims to establish and further develop our brand, with NHSGGC represented at the Royal College of Nursing (RCN) Nursing Careers & Jobs Fair event and the RCN Congress in Glasgow. The recruitment team, along with frontline colleagues, will represent NHSGGC at the RCN event in London in September, interviewing candidates and making offers of employment on the day.
- 3.2.7. Our Nursing and Midwifery Health Care Support Worker (HCSW) workforce is fully established within the Acute area, with routine recruitment activity used to backfill those staff choosing to leave their role.
- 3.2.8. The HCSW workforce within Health and Social Care Partnerships is at 92% of establishment. Vacant posts in key areas are supplemented by the use of Staff Bank resources. Recruitment activity is ongoing within these areas.

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- 3.2.9. Medical staff continue to show a flexible approach in order to maximise capacity, with the further redeployment of staff to key clinical areas. The August 2022 Doctors and Dentists in Training (DDiT) rotation saw an increased number of junior doctors rotating into roles within NHSGGC, with 1892 currently in post. This represents a 7% increase from the April 2022 rotation (1773 DDITs)
- 3.2.10. Across NHSGGC, Senior Medical posts are 96% established. This said, there are some particularly challenging vacant roles in various community and in-patient mental health services, for both adult and children services within the Health and Social Care Partnerships. The recruitment service has enhanced our approach to identifying candidates for hard to fill roles. In addition to advertising consultant posts within traditional routes, i.e., the NHS Scotland National Recruitment portal and the British Medical Journal, key posts are now advertised on international recruitment websites and within specialised international publications. The team have also developed highly specialised 'microsites', allowing prospective candidates to be routed to a highly branded, detailed and engaging webpage with key information about the role, but also additional information regarding living and working in the Greater Glasgow & Clyde area. This introduces the additional benefit of allowing the hiring manager and key members of the recruitment team to actively engage with prospective candidates, encouraging further dialogue, etc.
- 3.2.11. Our Clinical Attachment process is used to offer internationally trained medical graduates an opportunity to observe UK practice, or for qualified doctors to gain postgraduate experience. The process was successfully used this year to host 6 doctors from Glasgow's international refugee community, who have now progressed into medical employment within NHSGGC. It is our intention to repeat this process with a cohort of 12 later in the year.
- 3.2.12. Allied Health Professionals (AHPs) will deploy across clinical areas in a variety of roles, from front door assessment to assisting patients at mealtimes as part of a multidisciplinary team. AHP specialities are at 96% of establishment across NHSGGC. Recently qualified university graduates will fill many of the vacancies over the coming weeks. A specialised recruitment campaign is underway to attract internationally trained radiographers.
- 3.2.13. The Estates and Facilities directorate have bolstered resources and built resilience in all areas in response to 4 nations requirements in terms of service delivery. The directorate demonstrates a strong position of permanent staff versus establishment with excess hours and overtime used to provide surge capacity when required.
- 3.3. NHSGGC Staff Banks
- 3.3.1. The NHSGGC Staff Bank Services provides reactive and supplementary resource across nursing and midwifery, medical and administration roles. There are a number of engagement tools and techniques in place to communicate with Bank Staff and encourage uptake of shifts.
- 3.3.2. Ongoing recruitment campaigns have allowed us to add more than 800 HCSWs to the staff bank this year, providing additional support into frontline areas and increasing the number of shift requests which are filled.

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- 3.3.3. In addition to ongoing registered nurse recruitment campaigns, the staff bank is promoted to all new and existing substantive staff, offering to enrol them through a streamlined, internal process.
- 3.3.4. The staff bank has recruited over 200 additional administrative staff this year, who are available to support frontline activity when required, allowing clinical colleagues to focus on patient needs.
- 3.4. Wards with a Single Registered Nurse (RN)
- 3.4.1. Ongoing focus on nurse staffing continues with the aim to reduce and prevent the occurrences. Increased monitoring has been implemented to ensure that single RN Wards are identified, and mitigating action taken. Staff Bank are working closely with nursing leadership, combining enhanced workforce information and local knowledge to prioritise the allocation of staff. Focused staff engagement activity has led to a 10% increase in the daily provision of registered nursing bank shifts. Bank staff are being supported within key areas and encouraged to commit to further, regular shifts.
- 3.5. Staff Availability
- 3.5.1. Staff Availability remains challenging but is an improving picture. Sickness absence has reduced and is at its lowest level in the past 13 months. COVID related absences have increased in recent months, but are far below previous highs, and are currently reducing on a daily basis. Changes to national COVID guidance will see a change in approach to managing COVID absence, however, our dedicated support networks will remain in place. Annual leave usage continues to be promoted to all staff, encouraging use of this to ensure regular breaks.
- 3.5.2. Staff Availability is forecast to remain challenging as we approach and move into winter. Further waves of COVID infection caused by a new variant cannot be ruled out. Public health predictions will be used to help forecast staff availability, using a best, likely and worst-case scenario approach within the Winter Workforce Plan
- 3.5.3. Absence is closely managed, and colleagues are well supported. Absence reports are regularly provided to senior management with additional analysis on trends, hotspot areas, etc. provided as required. Dedicated resources within the HR Support and Advice Unit will continue to provide support with COVID absence and sickness absence, maintaining contact with staff and supporting plans for their return to work.

4. Conclusions

Whilst the workforce is largely reasonably well established, vacancies exist within key speciality and geographical areas. These vacancies are being addressed through a mixture of routine and focused recruitment activity, with supplementary resource being provided by the Staff Bank in the interim.

5. Recommendations

The Board is requested to review this paper for assurance.

6. Implementation

The mitigating actions, recruitment campaigns and other planned activity will be progressed as detailed.

7. Evaluation

The Strategic Executive Group, Workforce Supply Group and partnership forums will continue to be updated on the implementation of workforce supply actions.

8. Appendices

The table below provides a summary of workforce establishment for key job families:

Area	Staff Group	Apr-22	May-22	Jun-22
Acute	Registered Nurses	92%	91%	91%
	HCSWs	98%	101%	101%
	Senior M&D	97%	99%	99%
	AHP	-	94%	94%
HSCP	Registered Nurses	93%	90%	90%
	HCSWs	91%	93%	92%
	Senior M&D	92%	89%	89%
	AHP	-	96%	94%
Board-wide Services	Administrative Services	-	96%	95%
	Support Services	99%	99%	99%