Recruitment & Retention Consultation

NHS Ayrshire & Arran

1. In what areas are you experiencing the greatest difficulties in recruitment and retention

A summary of the key clinical staff groups impacted by difficulties in recruitment and retention is given below:

Hospital Medical Staff
The recruitment and retention of medical staff, across grades, is causing the organisation the most significant challenge. As the ISD consultant vacancies quarterly census detail illustrates these have been a steady and significant increase in the volume of consultant vacancies within NHSA&A from March 2014 to date. Specialties with multiple consultant vacancies include:

- Gastroenterology;
- Emergency Medicine;
- Acute Medicine;
- Care of the Elderly;
- Neurology;
- Pathology; and
- Radiology

The position within training grade medical staff exhibits a similar position with a steady increase in the volume of unfilled places with some specialties being more affected by others. This can be further compounded by vacancies in substantive consultant posts, impacting on clinical care and the ability to offer a good training experience i.e. meeting the GMC standards of ‘Promoting Excellence’.

General Practice
There are a high number of vacancies within General Practices and, given the demography in terms of age profile, this will be compounded by further retirements over the coming years. Further compounding the situation are gaps within the General Practitioner Specialty Training programme.

Nursing

Mental Health
Qualified nursing staff (Band 5+) within mental health, community addiction services, community mental health services and Arran services.

Midwifery
- Midwifery roles on Arran.
- Maternity Care Assistant roles.

Child health
- Experienced Band 5 Paediatric nurses.
- Advanced Neonatal Nurse Practitioners.
- Health visitors
Adult
- Both registered and unregistered nursing staff within older people care within community hospital settings.
- Experienced Band 5 staff within more specialised areas of nursing i.e. roles where new graduate nurses would need further training (e.g. 6 months) to gain the skills and competences e.g. renal, theatres, ITU.

Radiography
- Qualified radiographers generally and particularly those in CT/MRI where there is significant annual increase in demand.
- Sonography (either obstetric, general or dual trained)
- Radiographers willing to live/work on Arran

Healthcare Science
Physiological Sciences
- Trained audiologists
- Clinical Physiology - Cardiology

Physical Sciences
- Maxillofacial Prosthetics and technology

Whilst only two healthcare science professions are detailed as having current recruitment issues there is significant concern within the organisation for the other professions within physiological sciences and physical sciences given limitations with national supply and the demography of our existing workforce in terms of age and the impact potential retirements could have upon service sustainability.

2. What are the key barriers to recruitment in your area?

The principal barrier to recruitment within our area relates to supply, with many of the difficulty areas being common to other Boards within NHSScotland as well at the wider UK. Fundamentally no single NHS Board can subsume the challenges of supply for a specific role or specialism and there remains a competitive market between NHS Boards in seeking to recruit and retain staff. The Shortage Occupation Lists (in health disciplines for both the UK and Scottish lists) clearly illustrates national supply issues that compound the local position:
Factors related to the professions listed in the previous section are listed below, it should be noted some of these have commonality across professions but are not duplicated:

**Hospital medical staff & general practice**
- National supply issues compounded by gaps in the supply chain i.e. doctors in training / GP in training programmes not fully filled.
- Perceived ‘image problems’ of some specialities that contributes to preceding point.

**Nursing Mental Health**
- Non recurring ringfenced allocations form Scottish Government which necessitates the use of fixed term contracts, particularly challenging within addiction services. The short term nature of these contracts is not attractive to applicants and those that do take up post are likely to move to permanent roles internal or indeed external to the Board when available.
- Lack of appropriately experienced / qualified staff to fill specialist posts.
- Perceived inadequacies of the SHOW portal in attracting candidates to work in NHS.

**Midwifery**
- Limited ‘pool’ to recruit from, with only one cohort of student midwives qualifying each year Boards are ‘fishing’ in the same pool.
- Arran – working hours and on-all arrangements not attractive. Access to low cost housing is a barrier.
- Lack of training course for Maternity Care Assistants.
Child health
- National supply issues for paediatric nurses – not enough supply output over the last 3 years.
- Demand for Health Visitors significantly outstripping supply which stimulates movement between Boards

Adult
- Care of older adults within community hospitals as a specialism has perceived ‘image problems’ compared to adult nursing services in DGHs.

Radiography
- Single output of graduates in June each year therefore limited pool with multiple Boards ‘fishing’.
- Demand for radiographers across NHSScotland significantly outstripping supply as evidenced in ISD AHP quarterly vacancy census detail.
- Island living for Arran
- Frequency of on-call
- Lack of consultant support for role extension in CT/MRI

Healthcare Science
- Differential grades across Boards i.e. another Board offering higher grade to attract candidates.
- Availability of suitably qualified staff. The model of education for Audiology and Clinical Physiology is vocationally based i.e. single route in ins via ‘trainees’ being successful in first finding an employer to appoint them to a trainee post. This means the only method of recruiting new staff into the profession is via the creation of new posts within the service or converting vacant substantive posts to trainee posts. Potential pitfall is that one Board could be training staff who on completion of training could then go to another Board that does not have a training programme therefore the Board that had the trainee reaps no benefit.
- Large teaching hospital with brand new facilities and which has a full laboratory medical team could be more appealing to candidates.
- Lack of training within Scotland for some healthcare science professions which further intensifies the competition for potential candidates.

3. Please provide examples of incentives / initiatives that have shown positive results in recruiting:

Medical Staff & General Practice
- Considering alternatives to address gaps in the doctors in training workforce using options such as:
  o Clinical Teaching Fellows (CTF);
  o Clinical Development Fellows (CDF); and
  o Medical Training Initiative Doctors (MTID).
- Organisational Strategic Change Programme focused on Primary Care.
- Potential for GP Development Fellowships being explored

Nursing
Mental Health

- Agreeing to longer term contracts or permanent posts despite the limitations that short term funding allocations present.
- National advertising campaign for newly established forensic mental health unit.
- Creating permanent ‘rotational posts’ rather than fixed term or temporary posts.
- New models of care, and new mental health inpatient facility, as a means to attract staff.

Midwifery

- Working with local colleges in Ayrshire to provide maternity placements to HNC students with the hope this will translate into future recruitment.

Child Health

- Recruitment of Band 5 nurses to train as qualified health visitors with guarantee of post on completion and the Scottish Government investment in health visitors.

4. What are the key barriers to retaining staff in your area?

NHSA&A has one of the lowest staff turnover rates in NHSScotland, as shown in the chart below:

Some of the factors which impact upon retention have been identified in preceding questions and include:

- Issues associated with short term funding based on Scottish Government allocations which are often not notified / confirmed until late in the year.
- Fixed term contracts - individuals in these roles are more likely to seek permanent roles for better job security and may move to another Board.
- Demography in terms of age of the workforce – in some areas the age profile indicates there will be significant retirees forthcoming.
- Competition between Boards, the proximity of a new large teaching hospital is a potential draw for our employees.
• Lack of opportunity – staff looking for opportunities at a higher grade or involved in research, teaching etc may be more inclined to move to another Board
• Rurality which can be problematic particularly in terms of island services

5. Please provide examples of incentives / initiatives that have shown positive results in retaining staff:

Some aspects of retention are covered in question 3, in addition other positive initiatives include:
• Investment in continuing professional development
• Opportunities for development posts / secondments
• Support for innovation and research