Recruitment & Retention  
NHS Western Isles

Medical Staffing
We have ten (consultant) vacancies against an establishment of 18. The vacancies are currently being delivered with a mix of short and long term locums both agency and NHS. This figure differs from the current “live” vacancies as per the ISD definition of vacancies *that have been signed off and cleared for advert* which was recently submitted to ISD showing 5 vacancies.

<table>
<thead>
<tr>
<th>Consultant Establishment:</th>
<th>Current substantive</th>
<th>Projected substantive (March 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthesia</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Surgery</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Obs/gyn</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Radiology</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Medicine</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Consultant total</td>
<td>18</td>
<td>8</td>
</tr>
</tbody>
</table>

*(Narrative from workforce projections)*

Anaesthesia: Establishment 4wte.

2 in post at 31st march.

1 retired 1st April 2015. This vacancy is covered by long term locum whilst recruitment process takes place.
4 consultants included in 2017 projections.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Establishment</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Surgery:      | 3 wte.        | 1 substantive in post.  
1 substantive post holder included in the 2017 projections.  
1 wte substantive member of staff plus  
1 long term locum.  
We have advertised for surgeons 3 times with no suitable applicants. Currently working to replace agency locum with long term NHS locum.  
New model developed for surgical services which may reduce substantive posts to 2, with use of cohort of surgeons to cover gaps in service. |
| Obs/Gyn:      | 2 wte.        | 1 wte substantive member of staff plus  
1 long term locum. |
| Radiology:    | 1 wte.        | Currently covered by locum staff.  
Model currently under review to build in sustainability. |
| Psychiatry:   | 2 wte.        | 1 substantive member of staff in post following retirement during 2015/16  
Service currently under review. Second post currently covered by locum staff |

**General Practitioner Workforce**

A workforce assessment of GP Practices has been carried out both locally and nationally which reinforces the previously held belief that Practices within the
Western Isles are unable to fill vacant GP posts either with partners. The assessment also highlights the substantial number of additional GP vacancies which will arise over the coming years either as a result of retirements or GPs wishing to work in other areas of medicine. A reducing number of GPs are willing to work Out of Hours.

**Nursing**

There is a Stirling University campus in Lewis and therefore recruitment to newly qualified nurses is not a challenge in Lewis and Harris. However recruitment to more remote parts of our island community remains a challenge.

Challenge in recruiting specialist nurses across the Western Isles e.g. paediatrics

**Community Nursing**

- Challenges recruiting to most senior nursing posts including specialist practitioner Senior Charge Nurses (SCN) leadership level posts, qualified Health Visitor posts and Unscheduled Care Nurses.

- Lack of suitable permanent employment for partner/spouse when relocating to the islands is also a reason that people have given for not applying for or leaving posts.

- Low turnover leading to challenges around workforce development for current workforce wanting career development to senior clinical posts has been cited as reasons for leaving posts.

- The nature of some roles such as the Community Unscheduled Care Nurse role is very challenging, lone working, huge geographical area to cover, unsocial hours, there is a quick turnaround in this team with equivalent banded posts on day duty and within GP practices at Nurse Practitioner level being more attractive.

**Examples of Initiatives/Incentives**

- Advertising posts beyond SHOW, using social media. Offering development posts under Annex U particularly Health Visitor and District Nursing trainee posts. Government funding support for HV training.

- In Uist and Barra Hospital we have introduced a tier of band 6 level nurses to ensure an adequate level of senior staff are on duty at each shift covering A&E and the ward, we are developing some of our existing staff into these roles but have also recruited externally.
**Allied Health Professionals**
Recruitment challenges across the AHP workforce mainly in recruiting experienced staff with broad skills required to deliver service in small teams across large geographical area.

**Speech and Language Therapy**
“We have always found it difficult to get experienced staff here in the Western Isles and have a history of taking on new graduates and developing their skills to meet the needs of the service. This may have to be the case again depending on the interest / number and type of applications we receive.”

**Podiatry**
Recruitment to more remote rural areas (i.e. Uist and Barra) is more of a challenge. Small case loads in more remote areas impact on staffing levels – single handed practitioners and sustainability of services with older workforce. Challenges in developing staff, in particular support workers, due to difficulty accessing training and development in more remote rural areas.

**Occupational Therapy**
- Difficulties recruiting to Band 6 and 7 roles, in specific areas i.e. Paediatrics and Stroke and Neurology. No difficulties in recruiting band 5 staff.
- Main barriers
- Cost of travel to the mainland and cost of living are very high.
- Not always suitable work opportunities for partners’ staff.
- EG. A Scottish OT based overseas was unable to accept a post to work here as her partner could not gain a visa to allow him to work in the country.

**Example of Incentives/Initiatives that HaveShown Positive Results in Recruiting**
- Advertising the posts as an area/specialty/location that would provide a challenge for the right person may have helped. On two occasions in the past 3 years, OT staff who provided locum cover in vacant posts that were hard to recruit to then proceeded to apply for permanent positions.
- We support student placements and have recruited to band 5 posts because staff wanted to return, but band 5 posts are not hard to recruit to.
Feedback from staff in relation to retention are: opportunities for learning and development, autonomy to do innovative service development, strong supervision and support locally and through mentorship.

Midwifery
Challenges recruiting Midwives, particularly over last 2 years.

- Change in midwifery education and reduction of universities in Scotland training midwives. We used to have Inverness as one of the centres and since the national configuration to only 3 centres in Scotland now training midwives i.e. RGU, West of Scotland and Napier, it has had an impact on recruitment to training for midwifery and to available posts in the whole of the North of Scotland.
- There is only 1 intake of students in the year therefore only 1 qualifying date in the year leaving all the maternity units trying to recruit at the one time when your vacancy may be in May you are limited to recruit newly qualified as they will not be finishing until September.
- Any local midwives who are undertaking training and may wish to return home to Lewis to practice will be scooped up by bigger units unless we have a vacancy in September time.
- Not everyone wishes to practice in remote Island care favouring the hi tech urban hospitals instead.
- We advertise and interview around the time that students complete their training. 5 out of the 7 new appointees were 3rd year students.
- Encouraging placements of student to the area has been encouraging not only to the university we are affiliated with but also other areas in the UK if students can use their elective placements to come to us. We have encouraged this.
- Trying to capture local interest in midwifery potential in school students is important for us here, as the greater interest and encouragement seems to be with nursing students probably as we undertake nurse training in the local campus.
• Don't necessarily have a problem with retention with midwives who want to be midwives had some losses due to progression to higher banding in other areas due to limited progression opportunities in the midwifery services.

• Relocation support is another potential barrier

• There is a predicted mass exodus of age related retirements of midwives in Scotland, this is going to impact in the next 5 years

**Pharmacy**

In Pharmacy in the Western Isles our greatest areas of recruitment difficulties have always been with the Pharmacy Technicians and Pharmacists. The real issue has been getting staff to see that there is a viable and flourishing career outside the main centres of population with the UK not just in Scotland and that working in a remote and rural location can be a very fulfilling and rewarding career move.

The Pharmacy department has been very lucky to have been permitted to use a 12month Short-Term Recruitment and Retention Premium of an additional 20% of the Band 7 over the first year of employment and then revert back to the Agenda for change pay scale. There has been no enhancement of the payments for on-call during the same first 12months. This has worked very well to date and of five of the Band 7 post holders appointed to the two Band 7 Clinical Pharmacist posts based at the Western Isles Hospital three are still working here – one is has now moved onto a Band 8a Antimicrobial Pharmacist post, another is an overseas student who has just secured a further three years to her work permit and the most “recent” recruit has been in post two and a half years.

**Laboratory/Biomedical Scientists**

• Challenges in recruitment to all Biomedical Science disciplines (Haematology, Transfusion, Clinical Chemistry and Microbiology). Over the past 5 years there have been either very few applicants, no applicants or unsuitable candidates to all posts advertised.
• Only Band 6 and above employed due to requirement to carry out on-call and inability to offer support to Band 5/newly qualified to develop their portfolio – because we are not an accredited/training laboratory.

• Barriers to recruitment include: financial – Large Urban hospitals have associated shift work with enhancements that can “boost” salary quite considerably. E.g. One potential candidate (who did not apply) said that although he was currently working as Band 6 he would not apply for a Band 7 post as it would mean a reduction in his wages (currently equivalent to Band 8a)

• Multidisciplinary skill requirement. Biomedical Scientists in the UK are trained in a specific discipline (e.g. Hematology or biochemistry etc). Island laboratories require staff who can work across different disciplines. Support to develop uni-disciplinary trained staff to develop the necessary skills/competencies is very challenging for remote rural labs due lack of access to support/training and in our case being a non accredited/non training laboratory.

• Location – Living and working in a remote area requires a specific type of person. An island lifestyle is not what some people want.

• We have found that wider advertising outwith SHOW – i.e. in professional magazines (The Biomedical Scientist) and offering relocation have had the biggest positive impact on the number of applications.

• Retention has not been a challenge – the turnover for registered staff is relatively low.

Recruit and Retain

Between 2013 and 2015 NHS Western Isles was the lead partner in a Northern Periphery Programme funded international research project Recruit and Retain. The aim was to find solutions to the persistent problem of difficulties in recruiting and retaining high quality front line health care and public sector workers for the remote rural areas. The core project focussed on health care with an expanded remit for the wider public service sector. Eight partners from 8 countries established a comprehensive evidence base to inform development of solutions (29 products and
services) designed to encourage recruitment and enhance retention of professional public service sector workers in remote rural areas. The resulting *Recruit and Retain* Business Model describes 7 Steps to facilitate implementation of the solutions by organisations responsible for providing sustainable public sector workforces in remote rural areas.

Exclusive to this project is the evidence base established before embarking on solution identification. It has four components:

1. Individual status reports describing the state of affairs and issues in each of the partner areas.
2. A literature review of articles and abstracts covering health care related “recruit, retain and rural” topics.
3. An analysis of 5000 responses from health care workers in rural and adjacent urban areas to an online questionnaire circulated in five languages.
4. More in depth information and understanding from 76 semi-structured interviews held with healthcare workers.

The evidence base is available at: [http://www.recruitandretain.eu/general-information/database/](http://www.recruitandretain.eu/general-information/database/)

The completed version of the Retain Business Model describes 7 Steps to facilitate the implementation of the 29 products and services by organisations responsible for ensuring a robust and sustainable public service workforce in remote rural areas. It is available in hard copy and as an eBook at [http://www.recruitandretain.eu/](http://www.recruitandretain.eu/)

**Findings Highlights**

- The results indicate that previous exposure to either living in or preferably as part of the training rotation or work experience is the single most important indicator of whether someone will apply for a post in a rural area.
- Employer reputation is also a key indicator impacting on decisions to apply for posts (though this was found to be important in both rural and urban areas)
- Effective information about the organisation, the post within the organisation and about living in the rural community, is an important indicator as to whether people will apply for posts.
- Limited career opportunities (either real or perceived) also impact on decisions to apply for posts.
- Employer reputation included different aspects in different countries. In Scotland it was shown (very strongly) to include evidence of supportive training and development.
Professional and social isolation were important factors in staff both applying for posts and remaining in them.

It was identified that those who experience professional isolation simultaneously experience social, cultural and geographic isolation. This isolation is particularly associated with the rural experience.

**Current Initiatives**

- A *Recruit and Retain* medical staffing group has been established. Working with General practitioners and Consultant Medical staff to develop a Recruitment and Retention plan for NHS Western Isles, building on the learning and recommendations from the NHS Western Isles led Recruit and Retain Northern Periphery Programme project. Plan includes activities to support recruitment and organisational and culture change to support retention. It will actively focus on GP recruitment and retention, building on the work undertaken by NHS Highland in their *Being Here* project, but will also have a wider focus on sustainability of Primary Care services.

- The post of Associate Medical Director has recently been filled in 2016/17 and the post-holder will work closely with both the Scottish Government and the local GP Practices to develop the Quality Primary Care Clusters. We will have a single Quality Cluster, thus maximising opportunities for peer-support and quality improvement across the Western Isles.

- Primary Care is changing to a model of greater collaboration in the care of patients, with multi-professional teams and social services. To enable this we are moving towards the widespread adoption of a more diverse range of services provided by a range of professionals in Multi-Disciplinary Teams (MDTs) such as Advanced Nurse Practitioners, Physician Assistants, Allied Health Professionals or Paramedics. Due to our size, it would be necessary to establish virtual MDTs and work is underway to provide the technology to support this. Team working between Primary Care practitioners and social care workers will be further developed through the Integrated Joint Board.

- A short life working group on Out-of-Hours (OOH) services reviewed the way in which Out-of-Hours services are provided within the Western Isles and a number of recommendations were made. The service is now supported by additional “second on-call” GPs and the extension of the Community Unscheduled Care Nursing scheme. The employment of a middle grade doctor and a GP working between a local GP Practice and the Out-of-Hours service will add further robustness to the service.

- A post has been developed for a GP to divide his time equally between in-hours Practice work and work in the Out-of-Hours (OOH) service. This post will be advertised by March 2016 and, once filled will provide support to both services.

- 2015-16 submission for a Rural Fellow was accepted by NHS Education for Scotland (NES) but was not selected by any of that year’s cohort of GPs. Two
further proposals have been submitted to NES for the 2016/17 posts. One will work with GPs in the Uists, both in the Practices and in the Community Hospital; the other will work between the Western Isles Hospital and local GP Practices. There are elements of out-of-hours work in both submissions.

- A Scottish Dental Access Initiative grant was awarded to an independent dental practitioner in October 2015 for the provision of a new independent dental practice. It is anticipated that the practice will open in 2016/17.

- NHS Western Isles will continue to develop its placement programme and provide valuable work experience to young people and trainees. It has provided 94 placements to young people and mature students from various organisations including university students and trainee paramedics, schools, Colleges, Universities, Job Centre Plus, Skills Development Scotland, the Scottish Ambulance Service, Bristow Helicopters and the Glasgow Centre for Inclusive Living.