

PE1924/I: NHS Grampian submission of 6 December 2022

Thank you for the opportunity to provide inputs to the Parliamentary Health, Social Care and Sport Committee on the following petitions.

In response to the matters on which the Health and Sport Committee is seeking inputs, it is of note that NHS Grampian is a Health Board that has both an urban and rural footprint. This creates some specific challenges, and opportunities, relating to the kind of workforce and service issues highlighted.

One of the most prominent of these has related to the work to establish plans for a sustainable Maternity service for Moray, due to be submitted to the Cabinet Secretary this month. This is being developed in collaboration with NHS Highland, recognising the benefits that can come from a networked model of care for women in this largely rural area.

In support of this and recognising the key role of partner organisations and communities in the planning, commissioning and delivery of effective services for women, we established in 2021 and Integrated Families clinical and care Portfolio. This brings together a range of hospital based and community services supporting women and families including, but not limited to obstetrics, gynaecology and maternity, paediatrics, and health visiting within one integrated organisation, with the aim of reducing barriers to the delivery of person centred, safe and effective services.

In response to the specific workforce questions raised:

- There is no doubt that NHS Grampian experiences workforce attraction and retention issues due to our geography, and the additional requirements of working in rural settings. This has been exacerbated by the increased cost of living – particularly fuel prices – which feedback from our teams shows is acting as a barrier to attracting and retaining sufficient numbers of staff, particularly in the Registered Nursing and Allied Health Professions.
- We have discussed with one of our local Health and Social Care Partnerships with a rural footprint, Aberdeenshire, the use of academic opportunities such as research fellowships as a potential means of attracting fully qualified individuals to work and train in rural locations. We have strong connections with the University of Aberdeen and Robert Gordon university that can support the development of such opportunities.
- We are also in regular dialogue with NHS Education for Scotland about the ways in which programmes for Doctors and Dentists in Training (DDiT) can be made attractive and include a rural as well as urban component. This has to be balanced with the choice available to applicants for national postgraduate DDiT programmes and is also subject to outflows from and retention in Scotland of those completing undergraduate education and training.
- We would welcome greater national investment in education and training routes for those in rural areas to be supported into healthcare

education and training. Work that we are involved in leading sponsored by the Wood Group that will support widening access to health and care careers for those from areas of deprivation may offer a template for pathways that could support rural areas.

- Improving access to affordable housing would also be of benefit. Whilst not true in all cases, some of the more rural locations – such as the Deeside corridor west of Aberdeen – have very limited affordable housing. The impact that this can have combined with the other factors alluded to above, was recently seen in the temporary closure of one of our rural hospitals due to lack of available qualified staff.
- Another means of addressing this issue could be through enhancing pay and conditions of employment for work specifically in rural areas. However, this is not without cost, and if only applied to rural locations risks impacting on recruitment challenges that are experienced because of other geographic and economic factors (e.g. being located some distance from the central belt; the impact of oil and gas market conditions).
- We have had some initial success working within existing terms and conditions to support dual-site working across our two main hospitals sites in Aberdeen and Elgin, which we hope will offer a template for the future. We are currently exploring how existing national terms and conditions for NHS staff could be used to support attraction, retention and increased mobility across our patch. However, this will be subject to feasibility testing, with the current financial climate facing our Board potentially providing limited scope for implementation.

Yours sincerely

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